

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

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### TWO PRESSING NEEDS

LOOKING back over the year which has just closed, the thing that stands out most conspicuously in that which makes for nursing progress, is the strengthening of the bonds of our international and national relations, as in the blending of the nursing forces at the Cologne Congress from twenty countries, covering a large portion of the civilized world, and the amalgamation of our own three national bodies—the League of Nursing Education and that of the Public Health nurses, with the American Nurses' Association at Chicago. The women who represent the forces of these organizations have in mind only the interest of nursing progress, they have not been hampered by the thought of school lines and have seen the vision of the needs of their profession as a whole, but in comparison with the great rank and file they form only a small proportion. Unseen and unknown there are to-day thousands of nurses both in the great centres and in isolated places who know nothing and care less about the great questions of their profession. They are undoubtedly giving good nursing care to the people needing their services, but they are fulfilling only half of their mission. They may belong to their alumni associations, but there they stop short. Loyalty to one's school is commendable, but where a nurse limits her interest to her own alumni association she usually becomes not only narrow, but critical of the graduates of other schools, because she does not know them. Every good school in the land has graduated some poor nurses, and every poor school has graduated some good ones, showing that the personal equation counts the same in nursing affairs as in every other occupation in life. When graduates leave their schools uninformed as to their obligations

to their profession, ignorant of the value and of the underlying principles of state registration, and prejudiced against the graduates of neighboring schools, the direct responsibility for their ignorance rests upon the shoulders of the superintendent of the training school, under whose daily influence they have been for three years. If, having left her school and become a member of her alumnus association, a nurse remains unenlightened and grows narrower with the lapse of time, then her alumnus association must share in this responsibility.

How are we to reach these people? They will not change their manner of life of their own initiative and a campaign of education to reach them is the next great vital question of the enlightened. Such a crusade can best be carried on under the auspices of the state associations. Theoretically the whole country is united in thinking that the ideal way to organize state associations is through the counties. A few states have accomplished this, but many are still struggling with the problem. In such county associations the local groups come together irrespective of schools, have the unenlightened come to know and appreciate each other, and there is a blending of such forces locally as, going on and on, develops in greater degree the spirit that leads to our national and international relationships.

We urge the associations, with this new year, 1912, to begin a vigorous and persistent campaign for the organization of county associations or for the adoption of any other effective measures for bringing into our association life the great nine-tenths of nurses who are so submerged in their work that they are unconscious of any life or interest outside the routine drudgery of earning their daily bread.

There is another matter which at one time was given much thought and consideration by many of our progressive women that has been put to one side because of the difficulties involved, and that is the establishment of a nursing college. We know of six universities, beside Columbia, that have established departments of nursing. Some of these give instruction only to pupils in hospitals with which they are directly affiliated, while others provide a preliminary course from which a nurse may enter one of a number of schools and be given credit for the work she has done. Most of these departments have been established within the last few years, and it would be interesting to know more of their actual value, in comparison with the old method.

The establishment of nursing departments in universities of high repute certainly seems to be a simpler way of meeting the need for college preparation than the organization of separate colleges which, at least for the present, are financially prohibited. The promotion of college interest in nursing affairs is certainly one of the departments of



work immediately before us. There is a pressing need, not only for interesting college students in nursing as a profession, upon which a committee is already at work, but for the broader field of interesting universities to include in their curricula preparatory courses.

#### THE EDUCATIONAL VALUE OF THE CENTRAL DIRECTORY

STATE registration has been in the majority of states voluntary, providing only the means by which the public may know the difference between the women educated and morally fit and those who are not. The next step, naturally, has been the establishment by nurses of registries where, irrespective of schools, the services may be obtained of women vouched for by the state. Hardly a month passes that we do not hear of a central registry being established by a county or local nursing organization. In the larger cities, where registries have been maintained by alumnae associations, the membership of the central registry is made up principally of nurses from the outside, or from the smaller schools not maintaining directories of their own.

The possibilities in central registries, if all registered nurses would unite in them, are unlimited. When the time comes that alumnae of the large schools maintaining their own registries can put aside school boundaries and affiliate for the good of their profession and the convenience of the public, the educational and economic possibilities of the central registry will be unlimited. The large residence club house, with all the comforts and conveniences of home and hotel life combined, would follow. This would give to the new graduates a kind of protection which is greatly needed when we consider how much younger nurses are coming out of the schools, even more than ten years ago. It would provide a place for social freedom, an element almost lacking in the life of the great majority of nurses. It would make possible systematic courses of lectures, parliamentary drill, and such lighter diversions as classes in dancing, cards, etc. It would help dispel the loneliness of the days of waiting for cases.

Most of the opposition to central directories comes from women who are still bound by school lines, who confuse intense devotion to their own school or registry with professional loyalty, and who give as their excuse that it would be impossible to administer the affairs of such a registry impartially. This argument has been refuted over and over by the success of the many registries that have been established.

Every registrar, whether of an alumnae or central registry, has had the experience of carrying on her list, day after day, and week after week, names whom she cannot place, graduates of reputable schools, who are

said to be good nurses but who, for some reason covering a period of years, have failed to build up a clientele for themselves. This proves that while the directory provides a place where nurses may register, their success after all depends upon their record in the training school, the quality of their work outside and, more than anything else, upon their personal conduct. As a matter of fact, the place she holds on the list has little to do with a nurse's chance of being called.

It is needless to say there has been worked out in many places such a system of record keeping that it is perfectly simple to keep the names of graduates of different schools in a mixed list, and yet to pick out those of a certain school at a glance, by means of colored cards.

The economic side of the value of maintaining one rather than a number of registries should appeal to the practical good sense of every nurse—one chief registrar, with the necessary assistant, both being paid sufficiently liberal salaries to make it possible to obtain the highest type of women, with one attractive directory office, centrally located, rather than several in hospitals, drug stores, or on side streets, all working toward the same end, with all nurses enrolled who have complied with the standards of state registration, irrespective of the schools in which they were trained.

#### THE DENTAL NURSE

IN connection with a letter from Miss Wallace, published in our letter department, in which she recommends to nurses that they prepare themselves to become registered dental nurses, we think it would be interesting to our readers to know a little more of this movement than is contained in the letter.

Briefly stated, the idea of a trained dental assistant comes about through the effort on the part of the dental profession to do prophylactic as well as repair work. Statistics show that there are only about 20,000 dentists in the United States and that it is impossible for this number to keep the teeth of the people properly cleaned in a way that will prevent decay. One dental college has included in its curriculum a course for the training of dental assistants for the purpose of enabling them to do cleaning and polishing of the teeth and some of the minor procedures of dentistry. In the official outline of the course no educational qualifications are called for. It would seem that any woman might enter this course and, provided she passed the necessary examinations at its close, be considered qualified. The matter of the preparation of such women has been discussed in large dental conventions, and while the idea has been brought out that trained nurses with this additional training would make

the most valuable assistants, so far as we have been able to learn, their employment for that purpose has not been considered altogether practicable. The idea was advanced in one of these discussions that nurses would be willing to do this work for about \$15 a week as, the service being continuous, the annual income would about equal what a nurse receives during a year for irregular cases.

One of the things that has brought the matter to a climax is that in connection with dental clinics in public schools, the necessity of a dental assistant who can clean the teeth of school children has been felt. This is a simple process which any intelligent person can easily learn to perform, requiring for ordinary cases an orange stick of proper shape and powdered pumice, and it would hardly seem to us necessary for a successful nurse to spend the time and money for taking such a course to receive at the end each small financial return.

We object to the idea of putting into the field women to be known as "registered dental nurses," though we believe there should be properly equipped dental assistants for prophylactic work. The laws for the state registration of dentists are such that registration of these assistants is considered to be very important, and nurses in all the states should see to it that when amendments to the dental laws are before the legislature, the designation should be "registered dental assistant" or "attendant," rather than "registered dental nurse."

While we do not pretend to speak with any authority on this subject of the plan for creating a class of dental assistants, there would seem to us to be no more reason why they should be required to be registered under the dental laws than for nurses to be registered under the medical laws who are giving anesthetics, vaccinating patients in doctors' offices, and as is reported in a news item of this magazine, performing the operation of skin grafting, all of which are, strictly speaking, medical procedures, and are being done under the direction of physicians. The question which arises in connection with the performance of such duties by nurses, and which we have never seen satisfactorily answered is, Who would be legally responsible in case of disastrous results, the doctor, under whom she is working, or the nurse, herself?

#### UNIFORM METHODS OF NURSING PROCEDURE

One of our readers has written us to ask whether it would not be possible for the nursing profession to agree upon some uniform methods of carrying out the ordinary nursing procedures. She says it is a common bone of contention among graduates of different schools who are called

upon to work together, one saying, "We do it this way," and another, "We do it that way," etc.

We doubt very much whether it would ever be possible to establish similar methods for the same procedure, for the simple reason that in nursing, as in every other sort of work that requires manual dexterity, there are many ways of accomplishing the same result, some ways appealing to one person more than another. Take the ordinary matter of changing a bed, there are as many ways of doing this as there are hospitals, almost, yet each is skilful and most have for their object the comfort of the patient and the means of giving him the best care. There are some exceptions, in places where ridiculous procedures are used for the sake of appearance, as in rolling the blankets at the edge of the bed, when the patient is in it, or tucking the covers too tightly for comfort at the foot of the bed,—such methods as a graduate of intelligence drops as soon as she leaves the hospital.

The very fact that there are differences in method helps educate the nurse, as she observes other ways than those she had learned and adopts them as better than hers, or rejects them as not so good. Only the hopelessly untachable will cling to what they have been taught in the face of possible improvement.

#### THE RELIEF FUND CALENDAR

As we close our pages, word comes to us that the west is far in the lead in the sale of calendars. We hope on the last stretch, before the sale is over, the east will be doing equally well.

#### FOR THE NEW YEAR

MAY the year just opening bring to each of us just the experience needed to make her a better nurse, a finer woman, a more useful citizen, a kindlier neighbor, and a more helpful member of the household of which she is a part.

## INFANTILE PARALYSIS\*

By FRANCIS R. FRASER, M.D.

Rockefeller Institute for Medical Research, New York City

MRS. TWISS, LADIES AND GENTLEMEN, may I express to you the honor I feel you have done the Institute to which I am attached by inviting me to read before this meeting a paper on "Infantile Paralysis or Acute Epidemic Poliomyelitis," and I take this opportunity of thanking you in the name of the Rockefeller Institute and for myself.

I will endeavor to describe to you this evening, first, the earlier symptoms of acute poliomyelitis; second, the treatment and nursing of cases during the acute stage; third, the preventive measures that should be adopted to prevent the spread of the disease in a household or small community.

You are all aware that during the last few years there has been an enormous number of publications dealing with epidemics of infantile paralysis. The recognition of a large variety of paralytic diseases in children as a clinical and pathological entity was first made about 1840, but it was more than forty years later before the idea of an infectious agent as the common cause of these various conditions was suggested, and it was not until 1890 that a really good clinical account of the disease was published, as the result of extensive epidemics in Sweden. Since then smaller epidemics in France, Italy, Germany and the United States were reported almost every year, but the important advance in our knowledge of the subject came in 1905, when Wickman, from studies on epidemics in Sweden, demonstrated the contagious nature of the disease. Since the appearance of epidemic poliomyelitis in this continent in 1907-1908, it has spread all over the United States. Last year severe epidemics occurred in Sweden, when it was more extensive than ever before, and a small but severe epidemic occurred in the southwest of England. This year several epidemics have occurred in this country, such as those in Los Angeles and Buffalo. The mortality in this country, as in Europe, has averaged nearly 10 per cent., though in some places it has risen considerably above this figure. In Sweden last year 3800 cases were observed, and this summer in Buffalo considerably over 250 cases have been reported. These facts will be sufficient to indicate to you the pressing necessity for advance in our knowledge of diagnosis, treatment and, above all, of prevention.

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\*Read at the eleventh annual meeting of the New York State Nurses' Association, Utica, October 16, 1912.



There must be very few, if any, of you who have not seen cases of infantile paralysis, who have not had immediate relationship, professional or social, with such cases, but there may be many who have not had the opportunity of seeing them in the early acute stages, or, if they have seen them, have not realized what they were seeing.

After a so-far undetermined and probably variable period of incubation, there is a variable period of what may be termed prodromal symptoms before, in the typical cases, paralytic symptoms appear. In the long familiar sporadic type that you all know and that crops up in any place and at any time, the history is that the child went to bed quite well one night and got up next morning paralyzed, or could not get up because it was paralyzed. That type occurs in the epidemic form, but it is rare. In almost every case you can, by careful questioning, obtain from the parents of the child a definite history of prodromal symptoms. Often and, in fact, usually during epidemics the child has been definitely sick before paralysis sets in, and in many cases a doctor has been sent for, as the child appears definitely ill. These prodromal symptoms last for from one to seven days or even longer, and in some cases you get a history of one to three days' sickness, a partial recovery for a day or two, a recurrence of sickness, followed this time by a typical paralysis. These prodromal symptoms are of considerable variety. Some of them are usually absent, but there is a picture involving certain types of symptoms that is very constant, and by which during an epidemic a diagnosis can frequently be made. But it is well to remember that not even one who has had an extensive experience in acute cases will dare to diagnose poliomyelitis in the early preparalytic stages, when an epidemic is not raging.

In an epidemic in Germany, the majority of cases had symptoms referred to the respiratory tract, while in another, also in Germany, the majority had symptoms referred to the gastro-intestinal tract, chiefly diarrhea, and in New York in 1907 the symptoms were gastro-intestinal, but mostly gastric. In the recent epidemics in this state, the symptoms have been gastro-intestinal rather than respiratory, but slight gastric symptoms and constipation have been the rule rather than diarrhea, and in a few cases respiratory symptoms have been present.

The most constant symptom is fever. A child is playing about quite happily in the morning, but becomes heavy and feverish a few hours later. The temperature is often  $103^{\circ}$  F., usually lower by the time the temperature is recorded, and after remaining at  $101^{\circ}$  F. to  $103^{\circ}$  F. for a few days, comes down gradually to normal after paralysis sets in. It may, however, settle and then, a few days later, paralysis manifests itself. There is a slight morning remission, but not an extensive swing. There is very rarely an initial chill and very rarely convulsions. The

child frequently vomits at the onset of the fever, and there may be slight looseness of the bowels, and the mother or physician usually prescribes an opiate. During the next few days constipation is the rule, and frequently this requires quite vigorous treatment.

The patient is heavy, listless and drowsy. The parents frequently use the word "dopey" to describe the condition at this stage. The child does not want to play, sits around, but is restless and does not seem to know what it wants; is irritable. Sleep is disturbed, and during sleep twitchings of an arm or a leg are frequently observed. The child looks ill, has faccid and quiet, but is fractious and irritable if disturbed. Profuse sweatings, especially of the head, have been described as common in some epidemics, and though marked examples of this are seen, sweating is rather less marked than might be expected in a feverish child. The peculiar combination of drowsiness with an irritability and shyness, when disturbed, is a striking picture when many acute cases have been seen.

The mother will frequently say that the child seems to be sore when handled,—it cries when lifted or even if an arm or leg be moved, and still more so if the position of the back is altered. Spontaneous pain is apparently rather rare, but is, of course, difficult to ascertain when dealing with patients of the age usually affected. This condition of the back and a similar one of the neck is, perhaps, one of the most helpful signs in making a diagnosis in the paralytic stages. There is always though often to a very slight extent, only, a certain degree of meningitis. The head is not definitely retracted and the back not definitely arched except in rare instances, but in severe cases you will commonly find the child lies on one side, so as to throw the head a little further back than a pillow would allow, and keeps back and neck very straight. When you come to handle the patient, you find very marked resistance to anterior flexion of the neck and back. With a hand placed behind the head, you can raise the child up straight rather than get any bending forwards of the chin onto the chest, and any attempt to so flex the spinal column is met with strong muscular contraction and accompanied by pain or very evident distress to the child. In a milder case or in one where the very acute symptoms have already passed off, it may be difficult to elicit this sign, but in the case of an older child, if you try to get it to bend down its head to its knees when sitting in bed, an easy performance for a healthy child, there is at once evident discomfort in the attempt and inability to perform the test. In the case of a younger child, where this is not so easy to ascertain, the strong resistance to anterior flexion of the spine becomes very evident, when manipulating the patient for lumbar puncture. Like all the other prodromal symptoms and signs, this may be entirely unrecognizable, as in the case of the

sporadic type where the child goes to bed healthy and wakes up paralyzed. On the other hand, I have seen it persist for weeks, long after the fever has disappeared and the child is, in other ways, convalescing and the paralyzed muscles already recovering.

(To be continued.)

## THE ARMY NURSE CORPS

By EMMEL McBRIDE, R.N.

(Continued from page 176)

THE foreign tour of service covers two years in the Philippine Islands and is much desired by most nurses, for while the tropical climate may be trying, the opportunities for travel constitute an alluring attraction and requests occur for a second or third tour. It is a current saying that most of the nurses in the Islands prudently save their money to enable them to visit China and Japan before returning to the United States, which, taken altogether, is a liberal education.

Beside the regular tour of service, there are not infrequent special details, such as service on a troop-ship transferring soldiers from Alaska, the service at Fort Sam Houston in Texas, when thousands of soldiers were assembled on the Mexican frontier in 1911, and transport duty in June, 1912, when the *Buford* went to the relief of the refugees on the west coast of Mexico.

It seems a pity that among all of the hundreds of nurses who have come and gone to the Philippines none has related her varied experiences by pen. To hear a group of the older ones in the service exchanging reminiscences is like reading Stevenson's tales of adventure which relegate the safe and certain routine of prosaic every-day life into the background.

The nursing care of a sick soldier varies little from the nursing of the sick civilian, but the army hospital and the civil hospital are widely different in the methods of their administration, and in some points each might borrow from the other to advantage. Military methods and discipline are not acceptable to many persons, including some nurses, and when the latter arrive in the army hospital they give more trouble and annoyance than in the civil institutions.

There are several questions which are commonly asked about the Army Nursing Service:

"Is the work harder than in civil hospitals?" All things considered, not as hard. Chief nurses and head nurses do not have the classes and lectures (and lectures) which in training schools usually deprive them of much leisure and all peace of mind. The hours of duty are,



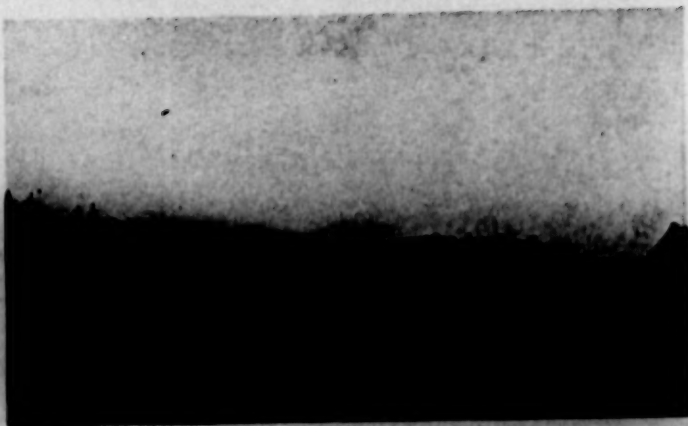
LIVING ROOM, NURSES' QUARTERS, WALTER REED HOSPITAL, TAKOMA  
PARK, D. C.



NURSES' QUARTERS, PRESIDIO, SAN FRANCISCO.



**NURSES' QUARTERS, FT. SHAFTER, HONOLULU.**



**LETTERMANN GENERAL HOSPITAL, PRESIDIO. SAN FRANCISCO BAY LIES  
BEHIND THE BUILDING. THE DIM OUTLINE OF MOUNTAINS IS NEAR THE  
GOLDEN GATE.**



except for occasional interferences, not as long nor as "rushing" as in the civil hospitals.

"How long do the nurses usually remain in the service?" A great many do not stay after the first period; but there are still nine nurses in the service who entered as contract nurses during the Spanish-American War, before the Corps was established.

"Do many nurses ask for reappointment after discharge?" There are thirty nurses in the Corps who are serving upon reappointments, which may be considered a significant comment upon the desirability of the service.

"What type of nurses are most desirable for the Army Nursing Service?" The very best, mentally, morally, and physically.

"What type of nurses are considered undesirable for army nursing?" The young women who lack home training, the training which enables them to compel respect at all times and places; those who lack proper hospital training; and the nurse who cannot adjust herself to a small post and do her part in making a comfortable household. The selfish, uninteresting woman is a trial in any place, but when shut up in a small isolated station she is an unmitigated calamity to her associates.

To a nurse of good executive ability the position of chief nurse gives a valuable experience which enables her to advance in her profession; to a nurse who shrinks from the responsibility of executive work, and at the same time finds private duty too hard physically, or one who prefers the regularity of hospital work to the wear and tear of private duty, the Army Nursing Service offers advantages of salary, standards of living, travel, and experience not found elsewhere. The service, like every other branch of nursing or other occupations, is not without its trials, but it has compensations far above many others.

The enrolled Red Cross nurses constitute the Reserve of the Army Nurse Corps and in time of war or other emergency may with their own consent be assigned to active duty.

To the older nurses who recall the unhappy confusion of former experiences when a great body of zealous but untried nurses were suddenly called out in time of war, the fact that we have 3800 enrolled Red Cross nurses, gives a comfortable assurance of better service in the future. The next step which would greatly improve the plan would be for a certain number of Red Cross nurses, according to the number enrolled from every state, to be admitted to the Army Nurse Corps for a three-year period, and thus in time we would have in all parts of the country nurses well fitted for service in time of war or other disaster.

[Note.—In the first instalment of this article, December JOURNAL, page 172, the statement was made that the army numbers "about 87,000 men." This should read "about 82,000."—I. McI.]

## TRAINING SCHOOL METHODS AND ORGANIZATION UNDER RELIGIOUS ORDERS\*

BY THE SISTERS OF MERCY, Chicago, Ill.

Let us glance backward at the state of society before the coming of the Redeemer. Idolatry and superstition, tyranny and oppression reigned everywhere. Vices were worshipped. The sweet consoling words of the Nazarene swept away these abominations and substituted a reign of truth, justice and mercy. What was the condition of the poor and unfortunate? They were treated with neglect and contempt as objects of malediction of the gods. Even among the most civilised pagans there was no attempt at any asylum or refuge for the destitute and suffering.

The world was shrouded in pagan darkness, until He came Who called Himself the Way, the Truth and the Life. He commanded His disciples to go forth and teach all nations the saving doctrine which He had taught them. They obeyed the command, they went forth and planted the seeds of Christianity with heroic courage, which often forced them to water the seed with their life blood. As this seed of Christian charity sprang up, simultaneously sprang up charitable institutions: hospitals and asylums for the sick, the destitute, the aged and the orphan.

In order to perpetuate these good works, societies and religious communities of men and women were organized. From the earliest days of Christianity monasteries and convents were seen filled with men and women. Often young girls devoted their lives to these good works. The founders of these institutions, knowing the necessity of a firmly-organized body, with the permission of the Head of the Christian Church, bound themselves by vow to observe the three Evangelical Commands, to which they added a fourth vow, namely: the service of the poor, sick and ignorant. These communities may be traced back to the first century of Christianity.

Taking this view of the antiquity of religious orders we can readily see how these people cling to their early teachings and feel that if they took in seculars to do the work which they had vowed to do they would not be living up to the promise that they had made to God: to serve

\* Written for the International Congress of Nurses at Cologne, but not read, as it was not received in time.

the poor, the sick and the ignorant. (The Sisters of Mercy make this fourth vow.) The religious orders which have been more recently founded, especially in Ireland and America, more readily adopt modern methods of nursing. The science of bacteriology has revolutionized surgery and has made possible things which thirty or forty years ago were considered impossible. We know that since germs have been proven to be the cause of disease scientists on both continents have been and still are working to discover the best means of overcoming the pernicious effects of these pathogenic germs.

In 1861, when the Sisters of Mercy at Dublin, Ireland, were about to open their first hospital, the "Mater Misericordia," which is, or was at that time, the largest in the British Isles, and was called the "Palace of the Poor," several Sisters of Mercy were sent to Kaiserswerth to learn the methods of nursing then taught there. Irish Sisters of Mercy were with Florence Nightingale during the Crimean War. Miss Nightingale wrote that the Sisters were her right hand, that they kept good order and preserved discipline wherever they were. Since 1861, most all workhouse hospitals in Ireland have been handed over to the Sisters of Mercy. The Government provides all necessities and pays the Sisters a salary, also furnishes private apartments for the Sisters and allows them a Chaplain. //

The Sisters of Mercy Hospital, of Chicago, Ill., have studied the best theoretical works recommended by physicians and others familiar with the modern methods of nursing. They were anxious to acquire the best means of applying the theory to the practical work of the latest improved methods of caring for the sick, and also of conducting a training school for nurses. In order to secure the best they were advised to procure a thoroughly trained woman to take charge of the training school. They were fortunate in getting a woman who started the school on the right basis and laid the solid foundation on which the Sisters have continued to build. The Sisters have taken up every new idea and continued to advance step by step, as theory and science led the way.

The Sisters specialize or take up one kind of work. Some have the operating-room work. They have charge of the nurses employed in the operating rooms and teach them all things pertaining to surgical service. Other Sisters give X-ray treatments, make and mount roentgenograms. A Sister has charge of the surgical supply department, where nurses are taught to buy all surgical supplies, and also to prepare dressings for the different operations. Anesthetics and everything needed for surgery are dispensed from this room. The pharmacy is

in charge of a registered pharmacist. She is the first woman who took the state board examination in the state of Illinois. All the medicines for the hospital are prepared by her and a Sister assistant. Another Sister has charge of the department of hydrotherapeutics and electro-therapeutics. There are also three Sister anesthesiologists. The first one who specialized in this work has given 15,000 anesthetics in twelve years and has never lost a patient from the effects of an anesthetic. The pathological laboratory is also under the care of a Sister. Internes make examinations of the various pathological specimens. All is under the supervision of Professor Robert F. Zeit, of the Northwestern University.

The obstetrical department is also in charge of a Sister. There are two dressing rooms, septic and aseptic, each in charge of a Sister, one interne and a nurse, where about one hundred patients are dressed daily.

The superintendent of the training school is a graduate of Mercy Hospital training school, who, after having taken the training, became a member of the community. The assistant superintendent is also a graduate of the training school. The pupil nurses average one hundred. The training school is affiliated with the Northwestern University, the nurses receiving their diplomas with the other university students.

There are forty Sisters engaged in hospital work, twenty of whom are registered according to the laws of the state of Illinois for registration of nurses. Twenty-two classes and 350 nurses have been graduated.

The nurse who is trained in the knowledge of sterilization and disinfection is able to give the surgeon most efficient aid, and the patient more comfort and assurance of speedy restoration to health. These religious orders which have been founded during the nineteenth century have taken kindly to modern methods of nursing. The older religious orders which have not adopted the training school for nurses, have not neglected to study the new methods and adopt new ideas in things pertaining to asepsis in surgery and nursing medical patients.

These religious organizations know that to preserve order and secure best results there must be one head, whom all obey, as on board a ship if every man could steer the vessel, confusion would cause shipwreck. To lead an army to victory, soldiers and officers must obey one commander. On their obedience depends success or defeat. Their obedience springs not from ignorance, but from a thorough course of instruction, and an intellectual conviction that unity of action is the sure road to success. This military obedience is carried out also in

training school work, not what some call "blind obedience," but eyes, head and hands trained to work in unison with a kind and sympathetic heart.

As a proof that Sisters all through the United States are making progress in modern methods of nursing, we may state that Sisters of Mercy and members of many other Sisterhoods come to the Mercy Hospital, Chicago, to learn its methods of hospital management and also how to conduct a training school. To all who come the Sisters freely extend a friendly helping hand and invite them to light their lamps from their torch, which only burns the brighter by shedding abroad its enlightening rays.

Let us, dear sisters of the nursing profession, rejoice in this that He has promised the Kingdom of Heaven to those who labor in His vineyard, for has He not said, "Whatsoever you did to the least of my brethren you did it unto me; therefore, enter into the joy of your Lord."

### EPIDEMIC CEREBRO-SPINAL MENINGITIS \*

By EMMA C. SLACK, R.N.,

Graduate of the University Hospital, Kansas City; Night Supervisor Kansas City General Hospital.

Epidemic cerebro-spinal meningitis is a disease of the meninges of the brain and spinal cord. It is an acute inflammation of the meninges due to infection with a specific micro-organism, the "diplococcus intracellularis."

The disease occurs sporadically and in epidemics. It manifests itself in distinct clinical forms; one form being more prevalent in certain epidemics, and another form in other epidemics, so that a description of one form would not give an adequate idea of the disease.

It is usually described as a disease of children and in some epidemics is confined mostly to children, but in other epidemics young adults are mostly affected. In our present epidemic in this city the great majority of cases have been young men between the ages of twenty and thirty-five. This was true also of the Boston epidemic in 1904.

As to the contagiousness of the disease, very little is known. Cases usually come from scattered localities, seldom is it confined to any certain part of the city. Seldom also is there more than one case in a household, but in some epidemics there have been two and even three

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\* Read before the University Hospital Alumni Association and the Kansas City Graduate Nurses' Association.



from the same family. Certain it is that it occurs more frequently in the more crowded and congested districts, where poor sanitation exists, hence it is a cold weather disease.

Experiments seem to show that the disease is contracted through the nasal and pharyngeal mucous membranes. The organisms have been demonstrated in the nasal secretions of nearly all cases of meningitis; and a catarrhal inflammation of these mucous surfaces exists in most cases, but probably the most predisposing factor is the lowered general health and vitality of the individual.

The symptoms vary greatly in different epidemics and in different cases in the same epidemic; but in all there are symptoms and signs which are quite constant. Among the most constant symptoms are: abrupt onset, usually with a severe chill, a terrific headache and vomiting. Following these symptoms there is usually considerable fever, stiffness of the muscles of the neck, variable pains in the extremities, and muscular twitchings amounting to convulsions in some cases. In the majority of cases the patient rapidly becomes stuporous, delirious, or sinks into a deep coma with slow stertorous breathing.

Among the most common clinical types are: 1. The malignant or hyperacute type in which the patient may die within twelve, twenty-four, or thirty-six hours. The patient, in apparent good health, suddenly complains of headache, nausea and vomiting, and high fever follows rapidly. Death occurs in a short time, the patient never regaining consciousness. In these cases the prostration is so great that there will be no muscular rigidity or exaggerated reflexes at any time. 2. In another type the onset is abrupt as above, with severe headache, nausea and vomiting, some fever, but consciousness remains for two or three days before drowsiness or coma develops. In these cases the characteristic posture and muscular rigidity are more pronounced, the patient lies on the side with the head drawn back and the knees drawn up. 3. A very puzzling form, during epidemics, is encountered in children. The patient, in apparent health, complains of headache, vomits, is restless and refuses nourishment, the fever goes up to 104 or 105 degrees and then falls to normal or sub-normal. While the fever is high the child appears very sick and the symptoms are pronounced; but when the fever goes down the child seems well, plays as usual and complains of nothing. In these cases there is often a prolonged type of fever. There are some abortive cases in which the symptoms last for a few days only, then the fever subsides and the patient makes a rapid recovery.

The most common signs found in our cases have been the stiffness of the neck, the inability to extend the leg when the thigh is flexed

at right angles with the body, the inequality of the pupile, and the strabismus. Of these the rigidity of the neck is most common.

The course of the disease varies greatly, a complete recovery without complications may occur in a couple of weeks, or the course may be very protracted, the patient being bedridden for two to six months and finally recovering.

Complications are very often met with in most epidemics. Idiocy, unbalanced mentality, and paralysis occur quite frequently, especially in children; blindness, deafness and loss of smell are not infrequent. These may be permanent or recovery ensue in course of time. Other complications met with are arthritis of the large joints, otitis media, conjunctivitis and neuritis. Pneumonia is a very much dreaded complication and not infrequent.

The treatment before the introduction of the specific anti-serum consisted mainly in treating the symptoms as they arose, controlling the convulsions, restlessness and pain by sedatives and occasionally drawing off spinal fluid by spinal puncture to relieve the intra-spinal and intra-cranial pressure when pressure symptoms are pronounced. Often this was a life-saving procedure. Now the use of the serum is the specific treatment and is employed in every case when serum is available. The serum destroys the bacteria rapidly and usually after the third or fourth puncture the fluid is clear and contains no organisms.

The prognosis must always be guarded. It can never be said from the symptoms what the outcome will be. Recovery may take place rapidly in very severe cases, while in less severe cases complications may develop which may end life suddenly.

The mortality differs in different epidemics. In the New York epidemic of 1905 the mortality was 85 per cent. Before the use of the serum the mortality was seldom below 75 per cent.; but with the serum, to-day, the mortality has been reduced to from 25 to 50 per cent. Thus far our mortality in the General Hospital since January 1st has been 45 per cent.

Now I will tell you how it affects us as nurses, the precautions we use, and the treatment given. If it is known that the patient has meningitis when he enters the hospital, he is taken directly to the isolation ward, a spinal puncture is made at once, fluid drawn off and serum injected. Delirious patients are restrained in bed, ice caps to head for fever and opiates used to control delirium. Daily baths are given and nourishment, in the form of milk and eggs, is given frequently—and forced if necessary. One great difficulty met with is the inability to swallow, owing to the accumulation of mucus in the mouth

and throat, and an almost complete paralysis of the muscles of the throat. When such is the case, the stomach tube is used and rectal feeding is resorted to, particularly in cases of children. Plenty of water is given and the kidneys and bowels are watched closely. One of the worst complications with us has been nephritis.

Doctors, nurses and orderlies wear gowns, caps, gloves and face masks while on duty. If I could take you with me at night when I make the rounds and you could look into the ward with its shaded lights, see the nurses and attendants in their ghostly garb, and listen to the moanings and mutterings of unconscious and delirious patients, it would make an impression on your mind which you would never forget, for as I look at it I can only think of the stories we read of plague. Of course this work is very depressing and no one realizes that more than we do; but the nurses who have been assigned this duty have done the work willingly and cheerfully and most efficiently. The internes who have charge of these cases have worked faithfully, one in particular has given his time day and night, and more conscientious work I have never seen.

### NURSES' DIRECTORIES\*

By NELLIE B. CHAPMAN  
Spokane, Washington.

After visiting thirteen nurses' directories and finding complaints of much similarity, I have been wondering if some of this might not be corrected,—if the great nursing body fully understood the trouble. If every nurse could feel that she is a part of the directory, that its success or failure was to her credit or discredit, would it not awaken more interest? The universal cry is that there is not sufficient co-operation of the nurses with the directory.

We cannot wonder at a nurse's thinking that the registrar is sometimes unjust, when she is idle while others are kept busy, but she should study this from all sides, see how many different kinds of cases she is registered against, then view the records showing how many short cases she has refused (24 hours' relief for instance). Of course it is her privilege to refuse, but is it not clear that this is one reason why she is not busy? She should look over the past and see if the time she was busiest was not when she said, with a big heart, "I will take any-

\* Read at the seventh annual meeting of the Washington State Graduate Nurses' Association, Bellingham, June 12, 14, 1912.

thing." It is no uncommon thing to have the 24-hour cases lengthen into weeks and even months.

The nurse who is established in a place and does not need to depend on the directory for her calls sometimes thinks it is not necessary for her to support the directory, but would it not be better to use it? This brings us up to the subject of co-operation again. What disadvantage would there be to any one in having her calls come through the directory? Of course, the doctor likes to have the nurse give him credit for the call, but this she will do, no matter through what channel it comes. When the nurse is asked by a physician, or any one, "Where can I get you for a case?" why not say, "Through the directory." Would it not be more business-like than to give your own telephone number and then, when a call comes, perhaps have the landlord say, "Not here, do not know when she will return." She has missed a call, the doctor will call for some one else, many times a practical nurse will get the case, whereas a registrar might have located the nurse.

The nurse who is awake to the magnitude of her calling, who wants to climb to the top in her profession, is certainly satisfied with none other than the best.

There are many reasons why we should support the directory. It is one of the best ways of lifting up the standard, and not merely an employment bureau. I heard very recently of a doctor who called a nurse to assist him at an operation, the family was poor, not able really to pay the minimum price, but she charged for six hours' work, \$66. The poor family paid it. (The doctor was unprincipled enough to allow the bill for that amount.) If that nurse had been sent through a directory this would not have occurred. As a result the profession has suffered. These people thought they did not have money or have influence, and they and their friends feel that nurses are regular grafters. It pains us to see how much harm a single case will do.

Another evil we have to contend with is the non-official directory. This has discouraged many nurses with the thought of maintaining any directory. I heard of a woman who advertised for nurses in some of the eastern cities, saying there was a dearth of nurses in her city, and many flocked there, only to find this woman wanted them for immoral purposes. This is a singular case, but there is a just criticism of the commercial directories in many places, that they are run for financial gain only, the nurse paying a large fee, and receiving no cases.

Why could there not be a national organization of the official directories to protect the nurses in strange cities from these unscrupulous directories? Why not have a registrar's association? Why do the

journals give so little on this subject? Would not one directory be a great help to another if their successful methods were known? Unfortunately the nurses' directory is not advertised even in its own city as it should be. I spent four hours in a city of 300,000 population, trying to locate the nurses' directory. Even "Information" (of the public telephone) said it had never heard of a nurses' directory, and yet there must have been hundreds of nurses as subscribers to that telephone.

I wonder how many have tried the plan that has been so successful in Spokane, that is, to have the registrar call on each physician every three months? Also a list is mailed to the doctors in the country, about three times in each year. These have brought great results, for I found in visiting these cities (many of them more than twice the population of Spokane) they have no more calls than we.

Let us not be content to remain where we are, but awaken to the possibilities of greater results, which can be attained by a hearty co-operation of the nurses with the directory.

### DIFFICULTIES IN PRIVATE NURSING

By JENNIE JORDAN

Graduate of the Toledo Hospital Training School, Toledo, Ohio.

As a rule it is better to dwell upon the advantages than the disadvantages, the pleasant rather than the unpleasant features in our work, but the fact remains that there are disadvantages and unpleasant features to every pathway, and we all have them to meet and if possible surmount. So I suppose it is well for us once in a while to hunt out the disadvantages and difficulties and analyze them, and then to meet and surmount them. How often have I had said to me, "There are so many unpleasant features to nursing." My experience has shown me that there are many, but that the pleasant by far outnumber the unpleasant. We are all sometimes prone to think of our work as presenting the greatest number of disadvantages but that, I think, is because we know more of nursing than we do of other branches of work. There is no work to which there are not many disadvantages, and weighed both pro and con with any other work we might have taken up, I think nursing will stand the test.

Nursing is pre-eminently a woman's work, and it therefore follows that to be eminently successful in our profession one should be pre-eminently womanly. I like the word womanly, it means so much. What depths of tenderness, what towers of strength, what powers of under-



standing are implied by the proper meaning of that word. In some of the older dictionaries we find the word used almost synonymously with weakness. There are many yet who think of it that way, but most happily that is not the consensus of opinion, and if women were only as true to womankind as men are to mankind that idea would soon be obsolete. Certainly there is no work where all that is truly womanly in our nature is so needed as in nursing. The home, woman's domain, is or should be the heart, the foundation of society. Being, as we are, so intimately associated with the home life, there is not one womanly trait that needs to be suppressed, but rather allowed to develop.

Fortunately or unfortunately, as the case may be, we are not all constituted alike. What is difficult for one may be nothing at all unfavorable to another. If we all possessed that most enviable trait, adaptability, the advent of a trained nurse into a family would not be so dreaded as it is in so many homes. Ability to adapt ourselves to new people and new surroundings should be our aim, and the better students of human nature we are, the clearer our insight and the more sympathetic our understanding. What other branch of work among women is attended with so many and so frequent changes of surroundings? We are here to-day and gone to-morrow, to another field of action. We no sooner become accustomed to the machinery of one household than we move on to another. And the sooner we learn this lesson of adaptability the happier we will be and the more satisfactory will be our work, both to ourselves and to others as well. The uncertainty in the life of a private nurse is a fruitful source of unhappiness and discontent among our number. To learn to live each day as it comes to us and not to build too many plans for to-morrow or, if they are built, to give them up cheerfully and go on with our work, is a hard lesson to learn; but once learned makes for content.

We always see the home life under the most unfavorable circumstances. Sickness upsets the routine of the best regulated home, and as a consequence every member of that household is more or less upset, hence needs the more tactful handling. And the nurse who can enter that home, assume control of the sick-room, inspire the confidence of her patient and the family as well, gain the good-will of the servants, if there are any, and to sum it all up, pour oil upon the troubled waters, is the nurse who will be asked for again and recommended to friends, if a nurse is needed.

I have always said the real training for a successful nurse begins in the home, with refinement, sympathy, understanding, and a desire to be helpful. Only a woman of refinement and sympathetic under-

standing can successfully handle the many problems that confront the trained nurse. If our training schools only demanded a higher standard of their applicants, we would not hear of so many complaints about nurses, and I believe I am right in saying that the complaints we hear are more often of the personality rather than the actual ability of the nurse, which only goes to prove my contention that a nurse may be over so skilful and yet fail through a lack of the essential traits of character of a truly successful nurse. Mrs. Robb once said, "Many a woman's success either as a pupil or a graduate nurse is wrecked; not for lack of knowing how to do her work well, but from her ignorance or neglect of the practical application of the ethical side of her profession."

We go into the home to help some member of the family back to health, if possible, and not necessarily to revolutionize that home. Every one of us has the right to live our lives as we choose as long as we injure no one else, but we have no right to force our ideas upon others, hence, a charitable attitude toward the opinions and lives of others is a most desirable trait in the character of a nurse. Forgetfulness of one's self is also a good thing for the best success. When we think less of ourselves and more of the greatest good we can do for the family in whose employ we are, the best and happiest results are attained. I don't mean by this that we are to allow ourselves to be imposed upon, but that, I find, is exceptional when we do our part. The person who is always looking for slights or imagining she is being imposed upon, is very apt to find what she is looking for. Money is all right and is much needed by every one of us, but it is not the whole consideration nor is it the whole element of success, and the nurse who makes it so is not the one who wears best and longest.

Another of the prime requisites of a successful private nurse is the ability to hold sacred all she learns of a private nature while in the home. I don't believe there is a home I have ever entered, for any length of time at least, but I have learned or been told something the family would not want repeated, and my experience I am sure is not exceptional. What a trouble-maker a nurse could be if she chose. When the door of a home has closed behind us, we should close the door upon any such knowledge we have gained while there. The longer we nurse the more we shall see that while people love gossip they do not love the carrier of gossip. We should hold ourselves superior to such petty things and listen as little as possible to the complaints of the preceding nurse we are so often called upon to hear about.

The ability to talk intelligently of topics of interest, but above

all, to be a good listener, are most desirable traits for a nurse. I can recall many instances where I have been in a home for possibly weeks at a time and have listened faithfully to the family history backwards and forwards, and possibly have not, in that time, been asked three questions concerning my own private life. The people with whom we have largely to do, love to talk of themselves and often do not care to hear the life story of the nurse, so the better listeners we are and the more we keep ourselves in the background, the more we are liked, as a rule.

Another very important matter is the handling of the servants, especially in this day when such help is so hard to obtain. I have always made it one of my first objects on entering a home to gain the good-will of the help, if possible. One can be gracious, kind and appreciative to them and yet not become familiar, nor yet patronize them, nor lose one ounce of dignity. At this day it is easy enough to get another nurse but quite another matter if suddenly left without a maid, and the nurse who gets the reputation of making trouble with the servants is quite likely to be shunned as though she had the smallpox.

Our work often presents to us the extremes in life. We are not unlikely to go from a home on one of the avenues where we have every convenience and one or more servants to a home of moderate means with few conveniences and no servants. It is certainly unkind, to say the least, to let the family feel that we notice the change. Nor is it belittling our position or dignity if we lend a helping hand when we can. We are usually met on our own ground I find. It is not always the home of luxury where we are the best treated or where we make our truest friends. For my own part I prefer the less pretentious home with more friendly, cordial relations, to the home of luxury, where one is sometimes put in that unclassified and most uncomfortable position of being neither one of the family nor one of the servants.

How much lighter the heaviest task seems when a little consideration and appreciation is thrown in our way. But this rule works both ways.

Loyalty to the physician in charge, loyalty to ourselves, the retaining our proper dignity, the always holding to the cheerful, optimistic view of the situation and the ever-important matter of our own personal appearance are subjects so old and so common it hardly seems worth while to more than mention them. Not but what they are of paramount importance to each of us but they have been preached to us from the days of probation and I believe are practiced by the majority at least.

Several times recently I have heard the statement that nurses become dictatorial in their manner. This is no doubt true in many cases and we should guard against this most unpleasant characteristic. We have to take the initiative and assume control so much and sometimes combat the interference of possibly well-meaning but unqualified friends and relatives, that it would not be strange if we did develop the dictative attitude, but if we use our tact it need not be so. I believe almost the whole problem of our success can be summed up in that one little word of only four letters, tact—tact guided by kindness, sympathy and understanding. Christina Rossetti says, "Tact as a gift may or may not have fallen to our share; as a grace, we are bound either to possess or acquire it." Fortunate indeed are the few to whom it has come a gift, but how much more is it to one's credit, that not possessing it as a gift, she has by watchfulness, patience and steadfastness of purpose acquired it.

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### THE ATTITUDE OF THE HEAD NURSE

By ALICE SHEPARD GILMAN, R.N.

Graduate of Jackson Sanatorium Training School, Danville, N. Y. Post-Graduate of Bellevue Hospital.

I wonder how many of us, after finishing our training and accepting positions in our own hospitals or others as head nurses, realize the grave responsibility which falls upon us, and how many of us cope with it as we should?

This position though to-day considered by so many of us a temporary resting place on the ladder to success is really the corner-stone for our whole career.

Here more than in any other capacity do we come in contact with human nature, the patient and the nurse. We see them in an utterly different light than ever before. We are in a position where the welfare of the patient and the future of the nurse depend largely on us.

First, let us look at it from the patient's standpoint. Every patient when entering a ward is left to a very great extent in our care. We must be responsible for his welfare as long as he remains, not alone as to his physical comforts but mentally as well. He looks to the head nurse for sympathy, for help when he is down, as one on whom he can depend and trust to do the right thing. She should inspire confidence and respect, for these two requisites are absolutely necessary to the successful head nurse.

Then the graver responsibility lies in her treatment and training of her pupils. Here is the place where so many fail, and nurses who might have finished their courses well equipped and efficient have fallen short, for the very reason the head nurse has not realized her duty until too late.

She should study personality and never instruct six nurses by exactly the same method as she would one, as each person is adaptable through an entirely different channel. And it lies with the head nurse through her constant contact with her nurses to know best how to get most out of them. Here she has supremacy over instructors and superiors and can make more out of her nurses than any one else can.

Her ward in the first place should present such an appearance as to stimulate interest and bring out the best her pupils have to give. Cleanliness and order should predominate, and she should show an active interest in her patients and their needs. She must be one of them in sympathy but dignified and firm.

Never should she give an appearance of being careless and afraid to work when the occasion arises or should she ask a nurse to do the things that she would not willingly do herself. She should always be kind but firm and never too busy to take an individual interest in whatever work a nurse may be doing. Even though it be making a bed, see that it is done well, with an interest other than "it's all in the day's work."

Don't be afraid to give praise when deserved and to correct as well, but unjust criticism and partiality are not for one minute to be tolerated.

I have written this article because it seems to me head nurses are deteriorating. They seem to lack the stamina that is needed for the position and to consider it a resting place when really, when rightly held, it is one of the hardest undertakings a nurse can attempt.

Right there does she make herself the woman she is going to be through her whole career. There she can do more to mold nurses and improve her profession than in any place I know, and to-day, when nursing is on the basis that it is, we should have the most efficient officers.

Those who fill the position, think, and tell me: Don't you feel the need as I do?



## PURE FOOD LAWS

BY ALICE M. WHEENY,  
Massachusetts General Hospital

PRISCILLA ALDEN, even when she was a Mullen, was a famous cook in her day. So was Mistress Barbara Standish. How interested their descendants and those of the other stately dames of early Massachusetts would be if they could be invited to one of the dinners of "ye olden tyme." On a great blue platter would be plump brown partridge brought down by the flint-lock of John or maybe Captain Myles. There are clams, too, fresh from the sea-shore. Samp made from home-grown and ground corn, with milk rich and creamy, is served in round blue bowls, and beside each bowl the spoon of pewter. Tankards of home-brewed ale were there and silver pitchers of cider. Pure food laws they had none. Their foods were grown on their farms, and their medicines gathered by the waysides.

As time has gone on, and kinds and qualities of foods changed and multiplied, progress made in the arts and sciences, and population increased, men came to specialize on certain kinds of work to meet the laws of demand and supply and the condition became such that at every single meal, foods prepared by other hands and brought from far away were served. So to protect the consumer, laws had to be made to insure the purity of these foods, for it came to pass that adulterated, misbranded, and even contaminated foods were being sold. These laws are necessary both from a health and an economic point of view. From the stand-point of the nursing profession the first of these is the more important. Probably there is no one article that is such a menace to the public health as impure milk. No doubt the good Pilgrim and Puritan mothers fed their babies in the way nature intended, but to later mothers who, from necessity or choice, feed their babies on cows' milk, nothing can exceed in importance the guarantee of absolute purity of the milk supply. Indeed the long train of consequences following the use of impure milk both by babies and adults speaks for itself. Any disease of the cow, such as tuberculosis, may be transmitted in the milk, as well as germs of disease to which the milk has been exposed. Numberless cases of tuberculosis have been proven to have originated in this way. It is said that almost every epidemic of typhoid fever of any size in Massachusetts has been due to contaminated milk. Tonallitis is another disease the germs of which are often carried in milk. The wide-spread reign of sore throat in the vicinity of Boston last year was supposed to have been caused by the milk supply from well-known farms.

Another recent epidemic of tonsillitis, carried by impure milk, has travelled over Chicago, making 10,000 people sick. It is probable that many of these cases had some of the sequelae of tonsillitis, such as arthritis and endocarditis, making it still more serious.

Aside from the detriment to health of adulterated foods, there is a financial loss as well. The housekeeper must spend valuable time and have many perplexing problems in searching for foods that are reliable. The financial loss is hard to estimate, but Dr. Abbott, who was in charge of the food inspection of Massachusetts for twenty years, said in 1906 that "the effect of a well-enforced food law has been to save the consumer not less than 5 per cent. of the cost of the food consumed in the state." Five per cent. is a high rate of interest to lose.

Before attempting to purify the foods, it was necessary to have standards of purity for food products. Such have been established by the Department of Agriculture and the Interstate Food Commission, first in 1904, and changed to the present form, June 26, 1906. On June 30, 1906, four days later, an Act was passed commonly called the "Food and Drugs Act," for the purpose of "preventing the manufacture, sale, or transportation of adulterated or misbranded, or poisonous or deleterious foods, drugs, medicines, and liquors, and for regulating the traffic therein."

Previous to this many of the states had pure food laws, Massachusetts as early as 1880, and it is said that the framers of the national pure food law used the Massachusetts statute of 1883 as their model. These state and national laws are so framed that they must co-operate to be effectual, neither one alone being sufficient to cover all needs. The national law is enforced through the Bureau of Chemistry of the Department of Agriculture. There is a central laboratory at Washington, and there are over twenty branch laboratories scattered over the country, besides many local and itinerant inspectors.

The Boston laboratory is at 177 State Street, in the United States appraiser's stores, and all foods and drugs imported into Boston and all interstate products of domestic manufacture are examined here. "On the arrival of goods at the dock, a portion of each shipment (usually one package in ten) is sent to the appraiser's stores, where the value of the goods is determined by a representative of the Treasury Department, and the duty assessed. At the same time, a representative of the Bureau of Chemistry examines the shipment, if it is of foods or drugs, and if any violation of the law, a hearing is assigned the importer, and the goods may be ordered relabelled, reshipped, or such other action taken as circumstances require." With products of domestic manufacture, the procedure is somewhat different. If the question of in-

juriousness to health is involved, or the goods are in flagrant violation of the law, the "goods are seized pending the disposal of the matter by the courts." The more usual procedure consists in first citing the manufacturer to a hearing and unless evidence is produced to show that the goods are not in violation of the law the case is referred through the Department of Justice to the local United States attorney, who files an information against the manufacturer who is criminally prosecuted.

The headquarters of the State Board of Health are at the Massachusetts State House. The laboratory here, with its three chemists and three inspectors, seems a small place to be the centre of such an important work as has been done by the state of Massachusetts. Its dusty shelves, filled with dustier samples of bottles and cans and boxes and jars of different foods and drugs, look more like a general dry goods store in a country town than anything else.

However, each of these articles has a history, as was explained to us by one of the chemists busy there. For instance, one jar contained a preparation sold in Lowell a short time ago as milk, chemical examination of which had shown it to be condensed milk with much water and a little milk sugar added. Some of the most noticeable samples were of olive oils, pickles, spices, canned goods, flavoring extracts, coffee, cocoa, hair dyes, etc. A large box contained bottles of lime juice put up at different places and by different companies, and the chemist told us that just now a general inspection of that article is being made, as several violations had been detected.

A huge poster on the wall gave a number of violations of the law found in certain articles each year since the Department was organized. The records were made with dots on lines like a temperature chart. It is surprising how the number has decreased in the last few years.

We saw, too, many misbranded articles and some with misleading labels. One label especially was a clever fraud. It was printed in different kinds of type, the part intended to be made prominent in large letters with the tell-tale adulteration put down in conformance with the law, but in such fine letters and in such an inconspicuous place as not to be noticed without examination.

Much of the work done by the State Board of Health is the examination of conditions outside, such as water supplies, slaughtering of animals for food, and inspection of dairy farms. Interesting statistics of the number of cases examined and the findings were published in the *Boston Herald* of August 5. More than half of the money appropriated is spent on examination of the milk supply, over 2000 dairies being inspected in a year. The City Board of Health co-operates with the

state and national departments in this work. Massachusetts cities have less to do on these lines than most other cities, since the state does more.

The kinds of adulteration are divided into three classes: (1) deleterious—such as the addition of boric acid to meat; (2) fraudulent—like the substitution of oleomargarine for butter; (3) innocent—an example of which is the addition of butter coloring to butter.

Sanitation is a much spoken word nowadays, and there is a constantly increasing demand for food that is not only chemically pure and properly labelled, but prepared in a sanitary way. Rigid exclusion of flies, or better still prevention of their breeding, clean hands, clean clothing, workers free from communicable disease, working in a clean, well-ventilated room, are some of the essentials in the sanitary preparation of food.

The newspapers occasionally give accounts of evasion of the law, such as allowing, for instance, the sale of diseased beef in New York City, but it must be remembered that this trouble is due to the way in which the law is enforced rather than to the law itself.

Secretary Wilson, of the Department of Agriculture, said in *Harper's Weekly* not long ago: "It is my opinion that the Food and Drugs Act is highly effective in its present form." A flaw in this law in its effort to remedy faulty conditions was shown in the recent "Johnson decision." Misbranding was alleged of a "mild combination treatment for cancer," consisting of several packages bearing the statement that the treatment would effect the cure of cancer. The indictment alleged that the representations were false and misleading statements regarding the article, and that the drug was misbranded, because the analysis showed the treatment worthless for the pretended purpose. An adverse verdict in the district court was affirmed by the Supreme Court, with the result that many manufacturers, who had changed their labels since the Act went into effect, promptly adopted a label like the one discarded. The "Shirley Bill," an amendment which includes under the term misbranding, as used in the law, any "false statement, design, or device regarding the curative or therapeutic effect" of the contents of a package is designed to remedy this defect.

The twentieth century, even so early as this, has been called the Health Age. Certainly pure food has played an important part in bringing this about. The man whose name is most closely associated with pure food and pure food laws, and who has done most to make them possible, is Dr. Harvey W. Wiley, for many years chief of the Bureau of Chemistry of the Department of Agriculture. Much credit is due him for his far-reaching work along these lines.

## REMUNERATION OF PRIVATE DUTY NURSING \*

By ELSIE BICKEL  
Enid, Oklahoma.

We are always anxious to discuss the money-making side of private duty work, but seldom exercise ourselves about the remunerative side of the proposition. Remunerative is from the Latin, munere, which means to give or to requite, to satisfy, to reimburse, or to pay for a consideration. In private duty work remuneration is to repay in service for a money consideration. It is what we propose to do for this money consideration, so you readily see that it is, after all, the serious side of the question, for our success or our failure will depend upon our remuneration.

I am satisfied that more complaints come from our patrons because we fail to reimburse them for the money we ask for service than for the lack of tact or quality, but it takes more service to satisfy than can be embodied in these. We must give in hard work an equivalent, at least, for the money consideration. This is discussing the remunerative proposition strictly from a point of monetary consideration. Therefore, when it comes to the consideration of remuneration, it goes without argument, that we must give services equal, or more than equal, to our pay, if we succeed in pleasing. The worst part of the proposition is that our services to be rendered are not to a board of equalizers to decide if we have rendered the amount equal to the pay, but the question is left entirely to the pay-master and even we ourselves have no voice in the matter.

So you see at a glance how absolutely necessary it will be for us to render a service that is good measure, rounded up and running over, service that we know to be more than a fair compensation in order to meet with our employers' approbation. If they are displeased, the doctor is generally displeased also, and we will have no further opportunity to give service to this family. These are cold facts that stare every nurse in the face the moment she steps into the house. We realize then and there that three elements must enter into our remuneration: first, quality; second, tact; and third, plenty of hard work. These are the three things that will convict or exonerate us.

I am glad that there are other considerations in private duty nursing.

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\* Read at the fourth annual convention of the Oklahoma State Association of Graduate Nurses, Tulsa, Oklahoma, October 24, 1912.



ing aside from the cold business proposition. The nurse's calling, like the doctor's and the minister's, is one of the high callings, and a service is to be rendered that no money consideration could equal, and the better classes and the more refined appreciate this.

There is no work so impassive that you cannot breathe a soul into it. And there is a soul in this work, a force that inspires and impels you, and when you tender your service of quality and skilled labor, you also send with it sympathy and a desire to comfort, and when the sick look into your eyes, and beyond your eyes, deep into your soul, they read there the reflection of an honest sympathetic heart that has come to them to render a service that is full of love and affection.

Go to your patients with love in your heart and you carry to them the divinest gift of God to man. Go to your patients with sympathy in your heart and you will present them with the richest of the human mind. Go to your patients with sincerity in your heart, and you take them the noblest virtue of true womanhood. Go to your patients with honesty in your heart and you will endow them with the noblest work of God.

Don't forget that more helpful than all wisdom or counsel is one draught of simple human pity and sympathy in time of sickness and distress. Your duty at the bedside is a beautiful thought for it implies the idea of responsibility, of immortality, of sympathy, and love.

These are a few of the remunerations that it is our duty to give to our patients, and when given the success of our work will not remain in doubt.

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Gonorrhea and Syphilis added to list of reportable diseases. At the last meeting of the State Board of Health it was decided to place these diseases on the list of those to be reported by physicians to the local health boards and by the latter to the State Board of Health. Special regulation was made, however, that physicians need not report these cases by patients' names, but by office number or some other symbol. This is taken to be a step toward more active efforts to restrict the spread of these diseases by instituting restrictive measures for those affected. Ophthalmia neonatorum is to be reported by name together with other data.—*From Public Health (Michigan)*.

# THE RED CROSS

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IN CHARGE OF

**JANE A. DELANO, R.N.,**

Chairman of the National Committee on Red Cross Nursing Service

## FIRST AID DETACHMENTS

It will be a source of great satisfaction to the nurses at large, and to our Red Cross nurses especially, to know that the tentative plan for the organization of detachments of women under the First-Aid Department of the Red Cross, which grew out of the interests and enthusiasm aroused by the International Red Cross Conference, has been abandoned. The December *JOURNAL* states editorially "we do not doubt the good intentions of those responsible for this idea." There was no intention or purpose on the part of the officers of the Red Cross, or the First-Aid Department, to disregard the Nursing Service. It seemed evident, however, to the Chairman of the National Committee on Red Cross Nursing Service that in this country such an independent organization of women would have been detrimental to the nursing service, already well established, and not only lead to confusion and misunderstandings but be a source of real danger to the public.

The subject was discussed at a joint meeting of our three national organizations, and a special meeting of the National Committee was called in New York, November 14, 1912, to make recommendations for some modification of the proposed plan. Members of the National Committee expressed their unqualified approval of, and their willingness to co-operate in the organization of classes of women for instruction in first-aid, home nursing and allied subjects which will aid them in the home care of their own families and prepare them to render emergency assistance in case of accidents.

In accordance with further recommendations made by the National Committee it has been decided: First: That the organization of classes for women, except in first-aid, shall be placed under the direction of the Nursing Service of the Red Cross. Second: That independent detachments of women shall not be organized by the Red Cross. Third: That no uniform for women other than nurses shall be authorized by the Red Cross. Fourth: That should it be desirable, either in time of war or calamity, to utilize a volunteer service of women for rest stations, distribution of supplies, or any other form of relief work, that such volunteers shall be under the direction of the Red Cross Nursing Service. Further details in regard to these classes for women will be given later.

## RURAL NURSING

At a recent meeting of the National Relief Board the following Committee on Rural Nursing was appointed: Mabel T. Boardman, Lillian D. Wald, Annie W. Goodrich, Mrs. Whitelaw Reid, Jane A. Delano, Mrs. William K. Draper, John M. Glenn, Wickliffe Rose, Dr. Winford H. Smith.

Fannie F. Clement, of Roxbury, Mass., has been appointed Superintendent of Rural Nurses and will have her headquarters in Washington, with an office adjoining that of the Chairman of the National Committee on Red Cross Nursing Service. Miss Clement seems pre-eminently fitted by training and experience for the organization of this new work. She is a native of Massachusetts and was graduated from Smith College in 1903. Her hospital training was received at the Boston City and the Boston Lying-in Hospitals. During several years of private nursing she devoted part of the time to district work. She was eight months in the Social Service Department of the Boston Dispensary, in the tuberculosis clinic, and has recently completed a course at the School for Social Workers in Boston.

As we are most anxious to bring this rural work before the nurses, and our space in the *JOURNAL* being limited, the account of the annual meeting of the Red Cross will be deferred until next month.

At a meeting held in New York, in 1908, in the interest of the Day Camp for tuberculosis, Lillian D. Wald suggested an even greater work within the scope of a national organization like the American Red Cross: namely, systematic country nursing to cover the fields not reached by city nursing organizations. She spoke of the great need of such service in the United States, as there are but few opportunities for country dwellers to obtain nursing care in case of sickness, opportunities that exist for the people of Great Britain and Canada by virtue of an extensively organized service of nursing.

The American Red Cross has recently established a Rural Nursing Service with a view to covering this field. It is to be concerned with nursing the sick in rural communities, carrying instruction along sanitary and humanitarian lines into the homes, and dealing with environment in a way to improve living conditions. It hopes to co-operate with all existing organizations relating to questions of individual and public health, and the many organizations which, in the final analysis, have a common object in view.

The unlimited opportunities for humanitarian and educational work to be found in rural communities will appeal to nurses who understand and enjoy country life and people and who are interested in public health movements and social work. To insure a high standard, rural nurses

in general must meet the requirements of the Red Cross for enrollment and must have had, in addition, training or experience in a visiting nursing organization or some other form of social service.

The Red Cross will meet the expenses of organization and general supervision of the work. The salary of the nurses will be disbursed by the Red Cross, but before a nurse is assigned to any community it is expected that it place in the hands of the Red Cross, in such terms as may be agreed upon, the amount of the nurse's salary. The minimum salary that a nurse shall receive is fixed by the Red Cross, and an annual increase of \$60 a year for five years will be recommended to insure efficiency and permanency of staff. Special financial recognition will be given nurses who have had particular advantages in training or experience, such as the post-graduate course at Teachers' College, or other courses that seem to afford similar advantages. For nurses who have not had special advantages in training or experience, arrangements have been made with certain visiting nursing associations to accept them as students for a four months' course. Realizing the necessity of this training, a small loan fund has been provided by the Red Cross and it is expected that a limited number of scholarships will be available which will make it easier for nurses to avail themselves of this opportunity.

In order to maintain a uniform standard of nursing, all Red Cross Rural Nurses will be under the general direction and supervision of the Superintendent, with the aid of such assistants as may be necessary. This will not, however, interfere with their responsibility to local committees or organizations representing the Red Cross in their community under which their local work will be conducted.

For rural communities already alive to the advantages of visiting nursing, which are looking for a nurse, for those which realize the advantages but need advice as to ways and means for support of a nurse, and for those regions where it will doubtless appear necessary to demonstrate more fully the need of one, the Red Cross Rural Nursing Service stands ready to furnish all possible assistance.

Circulars giving general information about the work, its scope, aim and requirements, have been prepared and it is hoped that the opportunities of this new work will appeal to visiting nurses throughout the country, to enrolled nurses, to private duty nurses who look for a broader field of activity, and to undergraduates whose choice has not yet been made. Additional information concerning the Rural Nursing Service will gladly be forwarded upon request to the Superintendent. Applications for rural work under the Red Cross should also be sent to Miss FANNIE F. CLEMENT, Superintendent, American Red Cross Rural Nursing Service, 713 Union Trust Building, Washington, D. C.

## NURSING IN MISSION STATIONS



### A MISSION HOSPITAL IN TURKEY

By RACHEL B. NORTH

Mardin, Turkey-in-Asia

THE hospital consists of a two-story building with six rooms downstairs and three upstairs. Downstairs are the drug-store, the waiting room, and the doctor's office. Of the three upstairs rooms, one is the operating room, another is the women's ward, and the other the men's ward. However, the operating room has also to be dressing room for out-patients. The women's ward has but two beds. When there are more than two women they go in the men's ward, or when we have some one who wants to be in a private room we give him that and put the woman in the men's ward. The men's ward is a large sunny room. It has six beds.

The care of the patients is left to their friends, which necessitates one friend for each patient. Usually during the day there are more. It gives the ward the appearance of a continuous visiting day. The friend usually sits upon a rug or carpet by the bedside. During the day the mattresses and the bedding which they use at night are piled up at one end of the ward. This is not so much as might be expected, as the command to take up their bed and walk could easily be obeyed by any of them.

My work has been largely that of seeing the women patients. They hesitate to come to the doctor, so I act the part of the go-between, i.e., I get the history and, if necessary, examine, then I hand it over to the doctor and let him diagnose and prescribe. Tuesday and Friday are free days. Frequently there are between forty and fifty women and children. A great many are eye disorders; malaria and rheumatism are common, as are itch and various skin disorders. I have not seen many of the contagious diseases, though at present they are bringing in a number of whooping-cough cases.

We hope by the end of the year to have in running order an addition to the hospital which has been gradually progressing for more than a year. It furnishes us with a new operating room, a women's ward, a room for the American nurse, and some store-rooms. These are also



lately necessary in order to care for our patients in present-day methods. The hospital has been built almost entirely of money earned here in the medical work as fees from patients. These last two years show considerable decrease in amounts thus collected. This is no doubt largely due to the famine, war, and pestilence, which has and is now sweeping over the land. Poor as Turkey was, she is seeing a deeper poverty now. Were it not that the people can leave the country and go to foreign parts or to where the railroad is being built, whole families would be penniless. As it is, the Kurdish people are migrating. We see passing the house some mornings thirty men, women, and children laden with bundles, possibly two or three donkeys laden with beds and cooking utensils. They are on their way to some point where there is railroad building, where the whole family will go to work. A self-supporting medical work finds its difficulties at such a time and we hesitate about increasing expenses. The needs of the people here are simpler than at home, but I find that experienced care counts for as much in the recovery of the patient. I long for the time when I can really feel we are meeting such a need.

We hold a service in the ward each Sunday for the patients and their friends, and are often pleased by the expressions of appreciation which they make. A picture of the parable read heightens the interest and no doubt helps fix it in their minds. Each morning we have prayers with them, and to those who can read we distribute gospels.

A great many of our patients are Kurds and do not speak the Arabic. The Kurds have no written language, but in recent years the gospels have been published in the Armenian characters, as also a hymn book.

#### ITEMS

MISS MURDOCH HART writes from Robert College, Constantinople: "I am taking up the work of caring for the wounded in one of the Turkish hospitals. We have here a branch of the Red Cross, and have been making garments and winding bandages. There are thousands of the wounded. They come in by hundreds, while there are 1500 refugees to be cared for. All the hospitals are full and the schools are being turned into places for the wounded. The refugees are put into mosques. Warships are arriving in the harbor. Many foreigners have left the country and many are on ships of their own nationality. We remain at the college with all our boys, hoping for the best and that all may be well."

THE Student Volunteer Movement for Foreign Missions, 125 East 27th Street, New York City, is sending out an appeal for five trained

nurses, who are needed at once in the following places: The Hospital for Women and Children, Madura, South India; The McLeod Hospital, Incevil, Ceylon; Anatolia Hospital, Marsovan, Asiatic Turkey; hospital at Talas, Omsak; and Azariah Smith Hospital, Aintab, Central Turkey. The work is essentially religious and Christian, and requires women who are in full sympathy with its missionary purpose. While denominational questions are not raised, membership in some Protestant church is expected. Women who have administrative capacity and a gift for training other women in nursing will find a large opportunity for work that is greatly needed.

The missionary hospital has introduced the profession of nursing to women in the East. The conservatism of Turkey has stood in the way of direct approach, on the part of male physicians at least, to the women of the country. The government has prevented the sending in of women physicians. The tremendous need of training native nurses presents a remarkable opportunity for service and for expressing the love of Christ in deeds of mercy and healing. The need in India is no less urgent and important where social customs and caste isolate the women from uplifting influences and medical attention.

The widespread influence of these hospitals is indicated by the fact that in Turkey the patients attending the mission hospitals have come from 1300 different towns and villages, in many of which the Gospel has never been preached. There are many cases where the patient, returning, has reported his experience in the hospital in a way to arouse permanent interest.

All appointments are to be made by the American Board of Commissioners for Foreign Missions, which provides travelling expenses, and living quarters in addition to the regular missionary salary.

Inquiries may be addressed to Mr. Wilbert B. Smith, 125 East 27th Street, New York City.

*Spirit of Missions*, in its December issue, reports the appointment of three nurses to mission fields: Laura E. Lenhart, Good Samaritan Hospital, Portland, Oregon, to Shanghai, China; Ada Whitehouse to Wuhu, China; Jenny Zimmermann, Johns Hopkins Hospital, to Tokyo, Japan.

## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE PROGRESS OF NURSING IN GERMANY

No one who knows her Germany at all well was surprised at the evidences of vigorous initiative and progress on modern nursing lines which were arranged at the Cologne Congress, nor at the many strong, forceful, and able personalities who took part in the German contributions to the programme—matrons, sisters, and organizers. But those visitors who did not know Germany well were amazed by the array of leaders and the earnestness of their followers. It has been generally assumed that German nursing was still in the hands of religious orders, and the strength and ability of the Free Sisters took many by surprise.

In Sister Agnes Karll, the German nurses have a leader of very rare characteristic. Of irresistible energy, far-seeing, impelling, she carries, even sweeps, others with her, and without antagonizing. It interested us greatly to observe the demeanor of men toward her—men of importance and of official position. They bore themselves toward her as if she were a man whom they especially respected—another man; and there is here a subtle and significant shade of manner. And yet Sister Agnes is a most womanly woman, whose goodness to individuals is unending.

A deep impression was made by Sister Helene Meyer, superintendent of nurses at Dortmund, whose personality is vivid, and by Sister Edith Koehler, superintendent of the Meabit Hospital Training School, in Berlin, who is the embodiment of calm strength. Sister Maida Ladden and Sister Martha Oosterlen, Sister Emma Ampt and others especially active in organization work, and the galaxy of those who are taking up social service of all kinds, give the keynote to the new trend in Germany. Excellent papers on all the new lines of work were read. Among them, easily the most dramatic and unusual, was that of Sister Henriette Arendt, the first German policewoman.

Sister Henriette is a truly remarkable woman. This department gave some notice a year or more ago of her investigations into the white slave traffic as regards children, and of the varied forms of almost incredible slavery of little girls from eight years up which she unearthed,

beginning during her activity as policewoman and later as investigator for a society of women. She has written a book called "White Child Slaves" which is absolutely heart-rending. In conversation Sister Henriette related many incidents of her work. Her investigations are dangerous in the extreme, and she has personally rescued more than 1200 little girls from a most horrible fate.

Since the Congress, the German nurses are working harder than ever. In October the National Council of Women met, and gave nursing conditions a large place on their programme. Sister Agnes and other leaders spoke on all points needing improvement, and it is noteworthy that they were joined by a Red Cross matron, Sister Marie von Keudell, who spoke on education and training, agreeing with the demand for three years and advanced standards, and who furthermore thanked Sister Agnes for pointing out deficiencies in the Red Cross training, and declared that her criticisms were those of a friend and were just. The National Council passed strong resolutions covering the needed reforms, emphasized the necessity of organization, and demanded continuous appeals to public authorities for the adjustment of professional grievances. Again we point out that the nursing movement is a part of the woman movement in its entire programme. Yet so great is the blindness of men, that a medical journal of Germany held it to be "bad taste, to say the least, for the Cologne Congress to pass a woman suffrage resolution."

Best of all the news is that the Leipzig *Frauen Hochschule*, where the nurses are to have a course similar to ours at Teachers College, is open, and there is a class of five nurses to begin with. Sister Agnes will deliver a series of lectures on nursing history there. She is delighted with the outlook and is travelling throughout Germany in the interest of the new opening and general organization.

#### THE PROGRESS OF NURSING IN ITALY

THE Cologne Congress was not attended by Miss Turton, Miss Baxter, or Miss Dorothy Snell, the superintendent of nurses in the new school at Rome, but encouraging reports of their progress came. The Roman school is in the lead by reason of having a proper nurses' home as an adjunct to the hospital, and, in consequence, stands forth as a permanent, fully-equipped institution with its own corporate life. No doubt the Neapolitan promoters of nursing will soon follow this example. They should do so in recognition of Miss Baxter's unique services as a pioneer training-school head. Miss Turton is, of course, full of happiness over the full fruition of her efforts—she was the earliest pioneer in

Italy. Miss Snell is an ideal head, and, until pupils are far enough advanced, permanent head nurses, mostly English, direct the wards.

Another training school, evidently on the same lines, has been founded in Milan. It is named for the Princess Iolanda, and is also under the protection of Queen Helen. It is in connection with the Medico-Surgical Hospital, and offers a two years' course with a third year of service. It has a nurses' home, and the rules speak of a matron, but we have not yet learned whether she has been chosen. The Training School Committee consists of four ladies, to one of whom candidates are to apply.

The young representatives of the Red Cross volunteer service who came to the Congress were so charming, so full of enthusiasm and ardor, that we feel prompted to make an appeal to them to go into one of the Italian training schools now open to them and get a full training. At the banquet they excused their amateur status, saying that an "amateur" is one who works with love. But why not work with love and knowledge both? They are educated and cultured, just the ones who are needed as leaders for Italian nurses. They belong to the aristocracy, and perhaps their relatives oppose hospital training. But can they not exert their social prerogatives to establish a precedent? With full hospital training, useful and distinguished careers await them. As amateurs under the Red Cross, they are likely to be only obstacles to thorough nursing standards, as are the society dames of the French Red Cross service, dabbling in minor surgery, and knowing nothing of real nursing. It would be a great pity if these young Italians followed the shallow methods of the French Red Cross.

#### ITEMS

We have mentioned before this the interest taken by the government of the French colonies in Algeria in the Bordeaux nursing movement. This interest culminated in the past summer in a request from M. Lutaud, Governor-General of Algeria, to the Department of City Hospitals in Bordeaux, for the loan of Miss Elston to open a training school in Alger on the model of those in Bordeaux. The request (says *Le G. M. H.* for October) was readily granted by M. Canalet, director of the Tondu, and by the mayor of the city, M. Gruet, who is head of the hospitals department. Miss Elston departed for Alger, taking with her the official permission of her chiefs for the new school to adopt the uniform with some slight modifications. She was installed in the Parnet Hussein Dey Hospital, and was to return to Bordeaux early in November. The future of the new school will be watched with interest.



A RECENT number of the *Australasian Nurses' Journal* expressed editorial concern over the absence among Australian nurses of the "art of public speaking." The editor (a physician, if we are not mistaken) says: "The difficulty of getting nurses to voice their opinions is a striking but also a lamentable feature of all general meetings of the association. . . . so the meetings often fail to fulfil their object, that is, to obtain the views of nurses themselves, and the Council is often at a loss how to settle matters which concern the nurses personally." The editor draws a comparison with American nurses and their readiness in open speech. Now this gives us an opportunity which we cannot resist. The editors and directing officers of the Australian nurses' journals and associations are almost always physicians. At these meetings, where nurses are so silent, a physician takes the chair, another acts as honorary (unpaid) secretary, others are present as members. Their good will and zealous kindness are such that we are loath to seem ungracious, so will therefore simply assume that, on some certain day, all these medical officers and members should be by some act of Providence inevitably hindered from going to the nurses' meeting, and the latter be compelled to conduct it themselves. What would happen? The nurses would talk as freely as Americans. If the doctors doubt this just let them experiment in a spirit of scientific curiosity!

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The National Child Labor Committee reports that Rhode Island and South Carolina have prohibited the employment as night messengers of boys under 21 and 18, respectively.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF  
EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

### BABY TENT WORK IN CHICAGO

By M. PEARL RINGLAND, Supervisor

THE summer tents for sick babies opened June 25 and closed September 18, 1912. There were eight tents, located in different congested localities, supported by the Elizabeth McCormick Memorial Fund, and supervised by the Visiting Nurse Association. The tents opened daily at 8 A.M. and closed between 5 and 6 P.M. There were on duty at each tent two or three nurses, one interne, and one tent woman. One nurse in each tent was assigned head nurse. Her duties were much the same as the duties of a hospital head nurse. She also assisted the attending physician and interne during the morning clinic, and prepared all the feedings. In the larger tents, where there were three nurses on duty, the two assistant nurses were responsible for certain duties. For instance, one nurse bathed all the babies while the other gave the ordered flushings. The nurse who bathed the babies was responsible for the giving of foods and medicines, while the other nurse, with the assistance of the tent woman, changed the napkins, and recorded on the bedside records the character, consistency, color, odor, and frequency of the stools. If a diaper was to be saved for the physician's inspection, it was marked with the baby's name, and wrapped in paper. All others were kept in a covered galvanized iron can, in a strong lysol solution. Twice each day they were washed and rinsed in cold water, by the tent woman, and sent, wet, to the laundry every afternoon.

Two graduate nurses were employed for follow-up work. They communicated daily with the head nurses of the tents and received new calls. If a sick baby was not brought back to the tent, a nurse visited the home, and if the baby was found to be too ill for tent care, she en-

deavored to send it to a hospital. The homes of all the babies cared for during the summer were visited by the follow-up nurses, who took reports of home conditions and sleeping quarters back to the tents. Babies too ill to be cared for at home during the night, whom the parents refused to send to a hospital, were kept in the tents and a special nurse employed for night duty.

Supplies were purchased in large quantities and kept in a central place, from which the requisitions from each tent were filled. Only the babies of the small wage earners and of the families who were assisted by the United Charities, or the county, or both, were cared for as tent patients.

The average rent paid by the majority of the parents is \$10.00 per month and the average wage received \$10.00 per week.

During the summer there were 394 babies cared for as tent patients and 794 as clinical cases, making a total of 1188. Of this number, 642 recovered, many were improved, and 47 died within three days after leaving the tents.

Very complete records were kept of every baby. In visiting the homes the nurses found many families whose living conditions must have had direct influence on the baby, being contributing factors to its illness.

#### ITEMS

ILLINOIS.—So many good ideas have come to visiting nurses by way of Cleveland that we keep expecting more, so it is not with surprise but with a great deal of interest that we learned of the existence of a public library substation at the Babies' Hospital and Dispensary for the use of the nurses. Fiction, travel, and sociology make up most of the one hundred or more volumes, which are changed from time to time at the suggestion of Harriet Leet, the superintendent of nurses. This substation is attended to by the force at the dispensary, and the nurses may change books as frequently as they wish. Any book not at the substation may be ordered from the library, and often new books are purchased for the use of this particular substation. Burning with a desire to emulate this praiseworthy attempt to make the public library serve all corners of its public, a Chicago visitor to the conferences of the Society for the Prevention of Infant Mortality returned to ask a similar substation for the Chicago visiting nurses. Most unfortunately, the office for this new branch is two short blocks from the big public library building, the best of reasons for the request being courteously but firmly refused.

When the desire cometh, however, it is difficult to put out of one's

heart visions of rows of interesting and pertinent books on social work and kindred topics, and at the psychological moment a gift of \$50.00 from an interested director made a nucleus possible, and now the library boasts of more than fifty volumes and is still growing. The Infant Welfare Society, whose rooms adjoin those of the Visiting Nurse Association, is also going to add to this number and its staff will have all the privileges of the "library," if one may so designate three shelves in a glass doored book-case. The books include some one ought to read, some one wants to read, and some one has to read, with Osler's "Practice of Medicine" and Dorland's "Dictionary" as permanent office references. A simple index-card system has been installed, and the value of the open shelf, close at hand, over the card-catalogue two blocks away is being rapidly demonstrated. Nurses are not too busy to read if the opportunity is given them and thus both Cleveland and Chicago are demonstrating the advisability of moving the mountain a little nearer Mahomet.

THE Chicago District Nurses' Club held two very successful meetings in October and November, with a large attendance at each. As the October meeting fell just before the elections, a political meeting was planned and three representatives of the leading parties attempted to expound their respective platforms. Nurses interested in planning a similar programme are advised to set a time-limit for speakers.

RUTH SMITH, R.N. (St. Bernard's Hospital), and formerly a member of the staff of the Chicago Visiting Nurse Association, has been appointed assistant truant officer for the town of Quincy.

WISCONSIN.—The Beloit Visiting Nurse Association has recently been organized and Anna Luetscher, R.N. (Milwaukee Hospital, 1910), has been engaged as visiting nurse. Miss Luetscher spent the month of November with the Visiting Nurse Association of Chicago.

PENNSYLVANIA.—The Lebanon Visiting Nurse Association has recently had a most successful Red-Letter Day by which it raised \$1,110.01. The idea for this novel way of letting all the citizens share in its annual subscriptions was borrowed (via this column) from the Jamestown, N. Y., Visiting Nurse Association, which has used this method successfully for the past two years. It is a very ingenious, appealing, and not at all disagreeable way to raise funds, and will probably help to hasten the day when "tagging" may be done away with. Selma Lin-

coin, R.N. (Augustana, Chicago), of Jamestown, and Anna L. McCoy, R.N. (Jewish Hospital, Philadelphia), of Lebanon, are the visiting nurses whose societies adopted this method of raising a large share of their annual budget. The Lebanon society is the only one in its county and is in its first year. Sixty young women served as distributors of the red letters and later as collectors of the little coin envelopes, and the following appeal, printed on scarlet paper in black ink, deserves to have brought forth such prompt and generous response.

**"AN INVESTMENT THAT PAYS**

"An investment of Kindness on your part will make it possible for those of our city who are unable to afford the cost of hospital care, yet needing professional service, to have the aid of the Visiting Nurse whose mission is to give the patient professional attention, supply sick-room necessities for the patient's comfort, and to give such instruction as will enable the family properly to care for the patient. We also aim to aid those in need, within the limits of the funds at our command.

"There are many chronic sufferers in our city to whom the Visiting Nurse has been an untold blessing. Could you but see the legion of grateful mothers and little children, to whom the nurse has been a benediction, you would say, 'It pays.'

"This is our first Red-Letter Day. Our nurse has made 2486 visits up to date.

"To continue this helpful work requires more money. Your cheerful, cordial investment in this bond of sympathy is asked.

"Please put your contribution in the enclosed envelope which will be called for to-morrow by the authorized collector whose blue bag stencilled with a Greek Cross in white is the badge of authority."

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Home work in the tenements is a continual menace to the health of the entire nation. This is the substance of the testimony given by all the witnesses at the hearing held December-3 by the New York State Factory Investigating Commission in New York City.

It was shown that the home work of women and children of all ages endangers not only the health of the workers themselves, by making them ready victims of tuberculosis and other diseases, but also the health of the prosperous public in the most remote localities to which the products of the tenements are sent. Witness after witness told of tuberculous patients working on food and clothing; of garments, feathers, doll-clothes and other things found in process of manufacture in the same room with the most infectious and dangerous diseases.



## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION



IN CHARGE OF

MARY M. RIDDLE, R.N.

### PROBLEM OF CARING FOR THE SICK IN A TOWN WITHOUT A HOSPITAL

THE questions raised by the following letter are of such general interest and importance that we are devoting the pages of our department this time to their consideration.

"The Northwest, November, 1912.

"TO THE AMERICAN JOURNAL OF NURSING:

"There is a crying need for a small hospital out here and I think I can excite the people to the extent of at least planning one. In fact, it is possible that one of the churches will take up the matter. Now, I want to ask you if you will suggest where I can get ideas and plans for, say a fifteen-bed hospital. What, in your opinion, should the equipment cost? It must not be expensive, something practical. The past three months I have been in this little town and the two doctors have rushed me from one case to another. The last, and my present one, eclampsia, is in a two-room house. All the water one has is in a ten-gallon can, filled p. r. n. by the water wagon, which makes daily trips around town. I have had very little work away from the city, and to me it is almost criminal, the lack of care these country women have during confinement. I have had a typhoid here, a young man who would have gone to a hospital had there been one.

"And it seems to me that a hospital will be a grand education to the people. Many pregnant women out here do not even plan to have a doctor, just a neighbor, and I am publishing right and left that I positively will help nowhere without a physician. I am also preaching the dangers of eclampsia, hemorrhage, mastitis, etc. Should the 'patient' be a fine cow or a mare, a veterinary would be called if necessary, but the mother of the family enters upon her period of labor

with perhaps just her husband. Would not a little hospital be a factor for good?

"Should anything definite arise and I be advised with, I should like to be prepared to suggest. Will you help me?" PRIVATE NURSE."

It is because of questions such as the above, which are constantly arising, that one is impelled to reply by citing one's own experience or knowledge of similar conditions elsewhere.

Naturally, one's heart goes out to these sturdy families which we know as those furnishing the strength and backbone of our nation, and we can but rejoice in the real charitable instinct animating our correspondent. If we followed our impulses we should fly to her relief, at least with our advice if not with something more substantial. As it is, we are constrained to reply, "Let us look into this pretty carefully and see what is best to be done."

If, after due deliberation and investigation, we find that a hospital is the best thing for these people, then if we can afford it, let us consult an architect and ask him to inspect our site with a view to making our plans for a hospital building to cost whatever is decided upon as within the means of the hospital corporation or committee. If it is decided to construct without the luxury of an architect's assistance, the building committee may be obliged to make its own plans, which ought not to be undertaken without the assistance of a practical woman, who ought not only to assist in drawing plans, but she ought also to watch every step of the construction. The majority of our hospitals furnish conclusive evidence of the fact that seldom do women lend their aid in such matters. If they did there would doubtless be fewer glaring defects in our hospital buildings, which might have here and there an added convenience to lighten and facilitate work, as well as promote the comfort of the patients.

Choice of site is the first duty of hospital builders and upon their faithfulness to this detail must depend much of the success of their institution. It is too much to expect the best results from buildings so located that good drainage, for instance, is impossible. Upon the good site they will, if they are wise, erect a building of simple design and of good material by careful work. Such a building should be able to contain within it correct systems of heating, lighting, plumbing, and ventilation.

The course in Hospital Economics, as it was formerly called, given at Teachers College, Columbia University, New York, paid considerable attention to the details of hospital construction for which the students

prepared commendable plans. It is possible our correspondent might obtain information, direction, or advice by making inquiry of the Department of Nursing and Health, as it is now called, at Teachers College. Public libraries furnish such information, and we have read that it may be obtained at the office of the Surgeon-General, United States Army.

But possibly a hospital building is not absolutely required and the need may be met some other way. One must hesitate long enough to be very sure on this point before allowing a group of people to assume responsibilities they may not be able to meet as time goes on. The care of the sick poor in their homes has been met in various ways. Our cities of any considerable size or pretensions do it through visiting or district nursing associations and these people also have access to hospitals, so they cannot enter into our deliberations.

We have heard of a rural nursing service, but as yet little is known of its methods or what it has accomplished. Possibly communities may be able to adopt such plans and solve their own problems with less financial outlay than a hospital would demand.

A medium-sized manufacturing town in one of our Eastern states had long felt the need of a hospital but could not see its way clear to establish and maintain one, so they organized what they called a Friendly Aid Association, whose avowed purpose was provision for the sick poor of their town. They did somewhat more than merely care for the sick as patients. They looked after their general welfare and that of their families by providing suitable household help as well as nursing care. They also maintained a "loan closet" from which might be loaned without charge, or for a small consideration, every kind of utensil used in the sick room from a bed to a drinking tub. Beds there were in variety and bedding also, bed rests and wheel chairs, and cushions and pillows and wearing apparel and so on, down through the long list.

A woman was employed to take charge of the closet and its contents; to loan the articles and ensure their return; to procure such assistance, nursing or household, as was needed by the various families, and to keep in touch with them. She was allowed such clerical and other assistance as she required and was also very materially aided by committees from the association.

It is true that patients were obliged to go to a hospital some twenty or thirty miles distant for major surgery, but otherwise they were treated at home. For years the "Friendly Aid" had the health and general welfare of that community in its keeping and it never wavered in its duty. Specialists from an adjacent city were as willing to enter

these homes as they would have been to go to a hospital for consultation or service. To-day the town has a well-equipped hospital which it appreciates and is able to support.

A hospital is a complicated organization that cannot be made to work automatically and must therefore be *well* if economically equipped and properly officered and manned. There must be constant attention to details in all departments if there is to be success. Hospitals which cannot be supported are too often built, and as a result there may be seen poor work in all departments, even where heroic efforts have been made for better conditions. Let donors of hospitals realize that the buildings are but the beginning of the cost, which frequently mounts up year after year until the hospital property is almost buried from view beneath the debt, or deficit, as it is called. Injustice is almost sure to be done somewhere, with the chances for it to fall first upon the training school for nurses which must be an integral part of the general equipment, because as too often conducted it furnishes all the nursing the hospital can afford.

No one can decry the usefulness of a properly conducted hospital which is commensurate with the needs of the community, and the duty laid upon us who are well, is the saving of those who are ill, whether it be done within the hospital, within the home, or simply beneath the dome of the heavens,—as shall be decreed by conditions as we find them, or as we are able to make them and, as one writer puts it, "We must heal in such a way that we shall hurt none, and we must aid in such a way that we shall degrade none."

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Life is a series of lessons, which must be lived to be understood.

RALPH WALDO EMERSON.

## NOTES FROM THE MEDICAL PRESS

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IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**WOMEN AS HOSPITAL SUPERINTENDENTS.**—Dr. H. B. Howard, superintendent of the Peter Bent Brigham Hospital, Boston, in a paper read before the American Medical Association, says one reason that women nurses make such good superintendents of hospitals is their practical medical knowledge acquired from long experience and close association with the patients and physicians.

**CANCER NOT NECESSARILY PAINFUL.**—Dr. A. H. W. Lovers, in the *Clinical Journal*, says there is no more dangerous fallacy than that cancer is necessarily painful. This is particularly the case in cancer of the cervix, which until it extends beyond the cervix itself, is painless. Any unexplained bleeding occurring between the menstrual periods, or after the menopause has been established, is extremely suggestive of cancer.

**BURNING OF PATIENT WITH HOT-WATER BOTTLE.**—The *Journal of the American Medical Association* reports a case in which the Supreme Court of North Dakota affirms a judgment for the plaintiff for \$1800.00 for injuries received by his coming in contact with a hot-water bottle placed in the bed to which he was transferred after an operation for appendicitis. As a result of his complaint of pain on returning to consciousness the injury and its cause were discovered.

**IRON AS A MEDICINE.**—Dr. A. D. Blackader, in an article on "Therapeutics of To-day," in the *Canadian Medical Association Journal*, says there is no proprietary organic iron that will do more good than one of the inorganic salts of the Pharmacopœia. Large doses of iron are not needed. Two or three grains of any non-irritating iron salt will supply more iron to the patient's stomach than his system can metabolize in as many days. The strongest and one of the most irritating iron preparations is the tincture of iron. One or two drops given in a little syrup of lemon will give all the iron required and even a child will not find it disagreeable.

**AMOUNT OF WATER REQUIRED BY AN INFANT.**—The *Journal of the American Medical Association*, quoting from a German contemporary, says from 66 to 68 per cent. of the infant's weight is water and that in



proportion to weight the infant requires four times as much water as the adult.

**TREATMENT OF FLAT FOOT.**—*The American Journal of Surgery*, in an extract from the *Lancet*, deprecates the use of an artificial arch in the treatment of flat-foot as palliative and not curative. Three procedures are recommended: wearing of proper foot wear, the inner border of the shoe must be straight so the end of the boot is opposite the big toe instead of the second toe, as is usual. The inner side of the sole of the foot should be raised for one-quarter to one-half inch above the outer. The patient must stand and walk slightly pigeon-toed. Exercises, which consist in standing, alternately raising the heels and the toes, bending the foot with the knee stiff. These measures are said to be sufficient as a rule to cure most cases.

**IS THE COW PASSE?**—*The Medical Record* says from Germany comes the announcement of the production of synthetic milk, more nourishing and more easily assimilated than that of the cow, quite as palatable, and of the same color. The method of manufacture is secret, but it is said to be composed entirely of vegetable ingredients digested by machinery instead of the cow. It is proposed to build a factory in London for the preparation and sale of the product.

**LONGEVITY.**—At a meeting of the American Climatological Association, Dr. Thomas Darlington said he had questioned the members of a family, many of whom were very long lived. Three of these were 100, 101 and 103 years respectively, while four were over 90 years of age, and five others over 86. They all gave practically the same advice, to eat slowly and sparingly and to keep the bowels open.

**THE DRUG ACTION OF ANÆSTHETICS.**—*The Journal of the American Medical Association* says Richard Gill, chief chloroformist to St. Bartholomew's Hospital, maintains that the drug action of all anæsthetics is similar; they are all oxidized in the blood into inert bodies; they deprive the red cells of their oxygen. The red cells at first offer resistance to this demand for their oxygen. The resistance progressively diminishes. Less and still less anæsthetic is needed during a long operation as the minutes pass, and much more anæsthetic is needed to break down the first resistance than is subsequently needed to deoxidize cells already beaten by the anæsthetic. An oxygen-starved brain and nervous system is improperly nourished and cannot function fully, hence unconsciousness and immobility.

**A CLINICAL VIEW OF THE SPECIAL DIET.**—In a paper published in the *Journal of the American Medical Association*, Dr. H. D. Arnold advocates greater attention to the diet of patients by the medical mem-

bers of the hospital staff. For an average patient in bed the standard of a "house diet" may be placed at the following daily amounts: protein, 100 Gm.; fats, 80 Gm.; carbohydrates, 300 Gm.; furnishing approximately 2300 calories. By means of suitable tables on the composition of food this diet can be expressed simply in terms of common measures of ordinary articles of food. The amounts needed for a given number of patients can be easily calculated and the food prepared in the general kitchen of the hospital. To furnish 2300 calories of food to a patient who requires only 1500 calories represents a considerable waste. Special diets require a separate diet kitchen. The dietitian should supervise the whole food supply of the hospital. In the diet kitchen special diets for diabetes, nephritis, tuberculosis, typhoid fever, infant feeding, prescribed by the staff, should be prepared. The salt-free diet, the purin-free diet, the Lenharts diet, the Schmidt diet, all having their place in the treatment of disease, could then be prescribed and easily obtained for the patient.

**SIMPLE METHOD OF CONTROLLING EPISTAXIS.**—*The Medical Record*, in an abstract of a paper in a German contemporary, says to arrest epistaxis one hand is placed under the jaw while the second is applied to the occiput. A uniform upward traction is now made on the head. To reinforce this action the manoeuvre may be made with the head extended strongly backward. Hemostasis must result in from one to two minutes. Such a degree of anaemia can be produced as to induce, first, vertigo and then syncope.

**THYROIDIN IN THE VOMITING OF PREGNANCY.**—The same journal reports that Koreck, a Hungarian practitioner, discovered that thyroidin had some power over the vomiting of pregnancy. One of the women on whom it was used had twice had pregnancy terminated by abortion but now went on to term.

**HANDS OFF THE UTERUS.**—*The Journal of the American Medical Association*, quoting from a Leipzig medical journal, says Ahlfeld thinks that the uterus is prevented from normal contraction after delivery if it is held from without or manipulated in any way. Unless in case of hemorrhage it should be left entirely alone for an hour, or even an hour and a half after delivery.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

### JOURNALS ON HAND

DEAR EDITOR: We can furnish the following numbers of the JOURNAL to any one wishing to purchase them: Vol. i: 1, 3, 4, 5, 8, 10, 12; vol. ii: 2, 3, 5, 6 to 12; vol. iii, complete; vol. iv, complete; vol. v: 1, 2, 3, 7, 8, 9, 10; vol. vi: 1, 4 through 12; vol. viii, complete; vol. ix, complete; vol. x, complete.

E. O. BOWALL.

Boston Nurses' Club,  
630 Boylston Street, Boston, Mass.

### SUGGESTIONS FOR "A DIFFICULT CASE"

DEAR EDITOR: In your JOURNAL for September, letter department, "M. N. W." asks for suggestions for a difficult case of neurasthenia. I would suggest, the patient being so fat, that dry massage should be substituted for that with cocoa butter, the latter being very fattening, and oil should never be used for fat cases. Also fat-reducing diet should be given, not potatoes or starchy things, and not much sugar (saccharine, instead, may be given if the patient dislikes food without); not cream, or cust puddings; toast instead of bread, crisp; meat and fish in moderation, green vegetables, acid fruits, and lemon drinks, as sour as the patient will take them; no alcohol. Change of scene and friends much needed; walks, games, and exercises are most important, and very vigorous massage.

A. B.

India.

### A PROTEST

BOSTON THE AMERICAN JOURNAL OF NURSING,

My dear Mrs. Palmer, R.N.:

At November meeting of San Francisco Training School Nurses' Alumni it was moved, seconded and carried that a protest be sent to the editor of the AMERICAN JOURNAL OF NURSING against article in September number, page 504, headed Change in Pacific Coast Journal, as the former editor, Mrs. Phillips, is a member of our alumni we consider it a great injustice to her as she reluctantly accepted the editorship the second year after a vote of thanks had been given her for her good work at the Annual Meeting of California State Nurses' Association.

And as stockholders in the JOURNAL we make a protest of the JOURNAL being used to air feelings which is against social and nursing etiquette.

ELIZABETH RYAN, Sec.

[NOTE.—There was no mention of any one individual in our September comment.—Ed.]

## AN EXPERIENCE WITH LIFE INSURANCE

DEAR EDITOR: I remember very well the arguments which were advanced when the question of a pension fund for nurses came up before the meeting of the Associated Alumnae at San Francisco. Some one wanted the subject dropped, because it was too hard a problem to solve; others said a nurse should take out a policy in a good life insurance company, which would answer the same purpose. I would like to give my experience as to this. About ten years ago I was induced to take out a \$2000.00 policy by an agent of a Life Insurance Society of the United States. The agent said the money I was paying in was bringing 5 per cent. interest, beside dividends, according to the amount of business the Company did, so after ten years (I took the policy for ten years only) I would be paid at least \$2500.00! During those ten years I paid in \$2135.00, but received last month, after the ten years, \$2200.40. They also offered me an annuity (that is *surrendering the principal*) of \$117.04 a year. A little over 5 per cent. and *surrendering the principal*! This would be a wonderful investment! only a fool would do such a thing. More than \$2500.00 they promised, and \$2200.40 I received. I wish all the nurses to know about this and be warned. If a nurse's strength should give out, how she would count every penny of what she would think was coming to her! Would it not be well if other nurses were to give their experience with other companies, so that nurses may be able to invest their hard-earned money to the best advantage for their old days.

H.

Switzerland.

## APRONS

DEAR EDITOR: A matter that has aroused my amusement and disapproval is the subject of nurses' aprons. Recently I have seen several blanks for application to large training schools, and the most minute instructions were given to applicants to invest in, practically, ten draw-sheets, to wear! The aprons are to be made of sheeting, two yards wide, to be gathered into a three-inch belt, and to be as long as the dress, with a six-inch hem! I want to enter a protest, prompted by years of experience in aprons, for, unlike present-day nurses, I have worn them. First, there is absolutely no need for such heavy muslin. Second, an apron so long and full gets badly soiled at the bottom and is terribly in the way when the wearer has full hands going up stairs. Third, the five-foot nurse must wear the same width sheet as the five-foot nine inch nurse. The wide belt and full top are desperately unbecoming to the average woman. And lastly, laundry. An apron as described is worse than a sheet, as it is starched, and practical knowledge of laundry work teaches me that the less heavy it is the better chance it has of being well done. The prevailing style of smart apparel, while not always to be approved, certainly gives a little excuse for less material.

Always considering my protest worthy of notice, let me say a practical apron may be made of light-weight muslin, gored at the seams, selvage at the back, a four-inch hem and two-inch belt. It may be four inches shorter than the dress skirt, and look sensible and attractive. Surely a heavy apron is soiled as quickly as a light-weight one, and I have seen them torn or stained long before the muslin had worn out. I assure you laundresses in private houses are quick to note the difference, and the weight of a grip, if it must occasionally be carried, is also affected.

After much private work, may I say that wearing an apron on duty and substituting a belt when going to the table, makes an agreeable change when wearing white dresses.

A PRACTICAL NURSE, THOUGH A GRADUATE.

New Jersey.

# A CENTRAL DIRECTORY

DEAR EDITOR: A recent comment on our graduate nurses association prompted me to present some of our rules, hoping that it may be of help to other and younger organizations.

When organized, the nurses registered at the various drug-stores. Then each hospital began keeping a register, which was far more satisfactory, from the physician's stand-point, but caused antagonism between the nurses because the hospitals favored their own graduates. After much discussion and many objections, it was decided to take the registers from the hospital and appoint a registrar, and the selection of a woman of most charming personality has, without a doubt, been the greatest factor in the success of the change. The meetings are held once a month, in the registrar's home, and the business meeting is followed by a social hour, when light refreshments are always served by our registrar, at her own expense, and because of her unfailing interest in nurses and nursing affairs. Each nurse pays 50 cents a month to register. There being but one register in town, every nurse must register there to get calls, and especially new nurses, and to register the nurse must belong to the association, and to be a member of the association she must either be a registered nurse, or take the examination at the first opportunity. For a nurse to be ostracized by this association means that she is professionally dead. The first nurse that registers in gets the first call out, unless the physician makes a selection. Nurses are fined 25 cents for accepting calls and not registering out, and thereby causing embarrassment to the registrar and loss of time in having to call the physician to make another selection.

O. S. H.

Tennessee.

# ESPERANTO

DEAR EDITOR: The note in your December issue, concerning Esperanto, has been brought to my attention, and it has occurred to me that doubtless many of your readers would be interested in receiving information in greater detail. Any one sending name, address and a stamp to The Esperanto Office, Washington, D. C., will receive free a copy of the little pamphlet "A Glimpse of Esperanto," a third edition of 10,000 of which has just been run off the press.

If your readers would like to have a small Red Cross key in addition, they can simply add another two-cent stamp and state that they wish this. We have them on hand in various languages, as the Red Cross in several countries has issued this "key" or tiny dictionary-guide in Esperanto, for use by the Red Cross workers of their various languages.

The address of the Esperanto Association of North America as well as of the North American office of the Universal Esperanto Association, is now the Maryland Building, not the address given in your December number. But mail addressed merely to The Esperanto Office, Washington, D. C., reaches us promptly.

Edwin C. Rime,

General Secretary Esperanto Association of North America.



**CARELESSNESS IN APPLICANTS FOR REGISTRATION**

DEAR EDITOR: In the handling of material concerned in the application of nurses for registration under the waiver, the members of the Board of Nurse Examiners of New York State have been much impressed by certain characteristics found in the filled application forms—some favorable, others unfavorable—of which, among the latter, are found all too frequent evidences of carelessness and a lack of business qualities. The very imperfect manner in which some of the forms have been returned to the department being so pronounced in altogether too large a percentage of these applications, this Board feels justified in making mention of the matter through the pages of the *AMERICAN JOURNAL OF NURSING*, not that we so much expect to influence the individual nurse, perhaps, as that we hope the attention and interest of those who are training nurses will be fixed upon this, and general sentiment increased against the sending into the department of such material.

The Board feels there should be positive evidence of professional pride on the part of all nurses seeking the benefits of registration, and that every nurse having dealings with the Department of Education should appreciate that that department is receiving impressions of the educational status of the women composing the ranks of our profession through the material sent into its offices.

To illustrate what is being referred to: first, we protest against the department being compelled to write two, three, and even six letters in some cases, in order to secure data as required in the forms issued to each applicant; second, the almost illegible penmanship in some cases; third, the very apparent failure to read directions; and, fourth, the carelessness in the arrangements of answers to questions as given.

Plainly speaking, we often feel that a better argument in support of the contention of the department for higher preliminary educational requirements could scarcely be found than is exhibited by the make-up of some of these application forms which a very young schoolgirl might well be ashamed to send out above her name.

BOARD OF NURSE EXAMINERS, New York State.

LISA LIGHTSOURN, R.N., President.

**A NEW FIELD OF WORK FOR GRADUATE NURSES**

DEAR EDITOR: There is a new field of woman's work that is just dawning that should interest the graduate nurse—the registered dental nurse, the R.D.N. The idea is about six years old, quite in its swaddling clothes but squalling lustily for recognition. We have all seen the brave little damsel and her "votes for women" on the cover of a popular magazine. That infant is going to win this state and quite fairly too. Let me tell you a little about this other one.

I have followed the articles by eminent dentists in the dental magazines for and against the trained dental nurse, with the honest concern for some time. The time is at hand when the graduate trained nurse can prove that she can excel in this special work. The work is big, and interesting and remunerative. These dentists need specially trained women to assist them in their work, just as much as surgeons and doctors need the trained medical and surgical nurse. They need women with good training and knowledge sufficient not to usurp any part of the ordinary dental practice. The graduate trained nurse has a splendid

foundation for this work. She is superior by virtue of the very principles that are inculcated in her training to surmount the principal argument against the "trained dental nurse." She knows her limitations. Who ever heard of a graduate trained nurse practicing medicine or surgery? Dentistry is as vital a subject as either medicine or surgery. We study special diet for special diseases. We study every special plan for all kinds of cleanliness, external or internal, and then forget sometimes the avenue through which our special diet must pass, the buccal cavity. The teeth need special care other than mere brushing our teeth in health to avoid sickness. Every well-trained nurse knows how to care for a patient's mouth and does it, too, but how many in health and in sickness know how to brush the teeth properly? I'll quote to you the best description I could learn: "Always begin brushing the grinding surfaces of the back teeth with a backward and forward motion, keeping the bristles pointing outward, rotating the brush from side to side, so that the bristles just miss the gums on both lingual and buccal surfaces. When brushing the lingual surfaces of the lower molar the tongue should be drawn well back so as to expose those surfaces of the teeth to the brush." This work is best learned at a recognized school in connection with a dental college, that is coeducational, and of recognized standards. Some special dentist could train one to his special ideals, but such a one would be of value only to that one man. I have learned by experience that it is best to get the training at school just as we get our medical and surgical training. Then we should have acquired the necessary foundational knowledge, a commencement of the work. Then some dentist who desires our services can mould us according to his ideals just as the surgeon and the doctor train us by power of their superior knowledge to their various requirements.

The trained dental nurse is to have for her studies the following: "The Regional Anatomy of the Head; The Freshman Course in Dental Anatomy; Special Course in the Study of Operative Instruments and Appliances; A Special Course in Anesthetics and Physical Diagnosis; A Special Course in Oral Hygiene and Oral Antiseptics; A Special Course in Prophylaxis; A Special Course in Dental Medicine; A Special Course in Dental Bookkeeping and Care of the Office; A Special Course in the Study of Prosthetic Appliances and the Selection of Teeth; A Clinical Course of Actual Assistance at the Operative Chair." I am trying all I can to help. I see the wonderful possibilities of this work and I want to assist in interesting the very best women, from an educational standpoint, from every point of view, to help set the standard right at the start. The ever-present interest that I have always had in woman's work, in my fellow co-workers the nurses, prompts this little article to-day. I'll help any graduate nurse who writes to me and direct her to authorities.

ANITA CARY WALLACE,  
Graduate of Tours Infirmary, New Orleans, Louisiana.

45 East 34th St.,  
New York City.

#### AROUND-THE-WORLD LETTERS

(From a Letter Describing the Return Trip)

DEAR EDITOR: The next day we witnessed the departure of the Governor and his wife from Hong Kong. It was quite exciting. The British troops were on parade, the band played, and the Governor in a top hat inspected all the

Tommies and cheek hands with the officers. His wife held a regular reception, dressed in white, with a black picture hat, and seated in a white sedan chair carried by four coolies in white. All this took place on the water front. A little launch was waiting, all decorated with flowers. A gorgeous lingerie pillow was ready on her deck chair, and a double line of aristocratic little Chinese children, dressed in their very best, presented bunches of flowers. The Chinese children and young girls are adorable. Everybody was surprised to find them so beautiful. As the little launch pulled out to the steamer, an escort of two other little tenders went along with baskets swinging at the back, shooting off fire crackers. They looked like poor little mongrel dogs with a bunch of fire crackers tied to their tails. The moment the official party had turned its back, the spick and span coolies whipped off their white leggings and trotted down the street in their bare legs.

That night we went to the theatre. I never saw such a crowded house, nor such a study in black and white, for we sat on the stage looking right into this sea of smooth white faces, shining black hair and plain black garments. Men, women, and children were smoking. There is no scenery, only a table with a red cover and two or three chairs. The exaggerated gestures, aided by the Chinese imagination, convey the idea of a man mounting and riding away. The girl climbs on the table and gets down on the other side, she has disappeared over the mountain. The stabled man censors himself with red right before your eyes, and then walks off—dead. There are no actresses, men take the women's parts, and are paid the highest salaries. I never heard such fantastic shrieks, such stamping and shouting. It was deafening—a Chinese edition of "Nichta." The musicians sit in the centre of the stage at the back, and keep up an incessant drumming through the whole performance, indicating the play of human passions with a varying volume of sound. To us it was most grotesque, but the audience sat with tears in their eyes, or laughter, and their attitudes were as tense as our audiences are at an Ibsen play.

After leaving Hong Kong we learned that Manila would not allow us to enter port unless everyone on board were vaccinated, Hong Kong being full of smallpox. The natives have it as we have measles, and they are difficult to discipline because they are rather proud of being pocked-marked. When it reaches the white population and there are death notices in the paper, every one sits up and takes notice.

I have engineered vaccination parties in the training school, but there never was a vaccination orgy like this one. We had the men come up the first day, and the day after was Ladies' Day. I never heard so many tales of dire results of vaccination as were told me by nervous people. Some of the poor things suffered considerably when it "took," and it was painful in all that heat. I would advise those preparing for foreign travel to be vaccinated and to take their certificates with them. That and a passport might save them much trouble.

CHARLOTTE EHRLICHEN.

# NURSING NEWS AND ANNOUNCEMENTS



## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

#### NOTICES TO MEMBERS

##### I

THE EXECUTIVE COMMITTEE of the American Nurses' Association announces that a new and more simple form of registration of delegates, permanent members and visitors is being carefully planned and will go into effect at the next annual convention to be held in Atlantic City, June 23-27, 1913. As soon as the form is perfected, associations and individual members will receive a notice which will serve as a guide when they come to the convention.

It is especially requested that all belonging to the American Nurses' Association bear this in mind, as their cooperation will be most necessary in order to expedite matters.

AGNES G. DEANA, R.N., secretary.

##### II

The address of the secretary of the American Nurses' Association, Agnes G. Deana, has been changed to 808 Brush Street, Detroit, Mich. All communications to her should be so addressed.

##### III

The Executive Committee asks all members of the American Nurses' Association to pay dues before April 30, 1913, as it is desirable that no dues be paid at the time of the annual meeting. The following is the portion of the By-laws which explains the amounts to be paid:

#### ARTICLE VIII

##### Dues

- SECTION 1. Each Association shall pay an initiation fee of five dollars.
- SEC. 2. The minimum annual dues for any organization shall be five dollars.
- SEC. 3. The annual dues of any State Association shall be ten dollars.
- SEC. 4. Annual dues of any county or city organization, or one of a national character consisting of more than fifty members, shall be ten dollars.
- SEC. 5. Annual dues of alumni associations shall be fifteen cents per capita.
- SEC. 6. Annual dues of permanent members shall be two dollars.
- SEC. 7. All dues shall be paid in advance not later than April 30th.
- SEC. 8. Every organization paying on a per capita basis shall pay dues each year on the basis of membership the first day of January of that year, except that for the first year dues shall be paid on the basis of membership at the time of admission.

Kindly send all dues to Mrs. C. V. Twiss, treasurer, 419 West 144th Street, New York, N. Y.

**REPORT OF NURSES' RELIEF FUND, DECEMBER 1, 1912**

Previously acknowledged .....	\$2222.90
Anna H. Wetherill, R.N., Lansdown, Pa. ....	5.00
Battle Creek Sanitarium and Hospital Training School.....	50.00
Catherine M. McNamara, R.N., Chicago, Ill. ....	5.00
Jefferson Medical College Alumni Association of Philadelphia.....	50.00
Kansas City Hospital Alumni Association.....	5.00
Permanent member .....	5.00
Elizabeth Ranklin .....	5.00
Graduate Nurses of District of Columbia.....	145.00
North Dakota State Association .....	50.00
Northwestern Hospital Alumni Association, Minneapolis.....	25.00

Total ..... **\$2322.90**

**Disbursements:**

Exchange on cheques .....	\$1.00
Calendars on account .....	600.00
	<hr/>
	<b>\$601.00    601.00</b>

Balance December 1st, 1912..... **\$2227.90**

All contributions should be sent to Mrs. C. V. Twiss, R.N., treasurer, 419 W. 146th Street, New York City, and checks made payable to the Farmers' Loan & Trust Company, New York.

Address all inquiries to L. A. Giberson, R.N., Chairman, 8. E. Cor. 324 Street and Powelton Avenue, Philadelphia, Pa.

So many orders came in for the calendars that are being sold for this fund that the first order of ten thousand was gone by December 1, and it was necessary to order an additional five thousand. The committee is most anxious to sell the entire number. Any nurse who has not secured one can do so by sending fifty cents, the price of the calendar, and four cents postage, to L. A. Giberson, R.N., American Oncologic Hospital, Philadelphia, Pa.

**MASSACHUSETTS**

Boston.—THE SICK RELIEF ASSOCIATION, of the Massachusetts General Hospital Nurses' Alumni, assisted by the alumni members and nurses in training, held a fair in Trinity Parish Hall on November 19, and realized about \$2000. This is to increase the fund of the Association, which they hope to bring up to \$20000, in the near future.

**CONNECTICUT**

THE GRADUATE NURSES ASSOCIATION OF CONNECTICUT held its quarterly meeting in Bridgeport, on Wednesday, December 5, at the Nurses' Club, 246 West Avenue, with a very good attendance. After the routine business had been disposed of there was considerable discussion as to the advisability of raising a fund to care for any nurse suffering with tuberculosis. The idea of building and maintaining a shack at one of the local sanatoriums was at first proposed, but Dr. Lyman, superintendent of Gaylord Farm Sanatorium, advised against such a course as being too expensive an undertaking, as it would not be likely that it would be occupied all the time. Dr. Lyman made the Association a



very generous offer to care for any nurse the Association might want to send to him, at a much reduced rate. The Association felt very grateful for the offer but was unable to take any action, as the chairman of the Committee having the matter in charge was not present at the meeting.

The Calendars for the Nurses' Relief Fund were placed on sale and many sold after the meeting. Arrangements were made to place several hundred on sale in other parts of the State.

A short executive meeting was held, at which time ten new members were voted into the Association.

After the business was disposed of the visiting members were entertained by the nurses of the club.

**Hartford.**—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at Center Church House, on December 11, Miss McCormack presiding. Miss Russell, who is going to Florida for the winter, resigned from the entertainment committee, and Miss Constance Leigh was appointed. Six girls from one of the clubs connected with the Gordon Russell Settlement House sang and gave a Dutch Dance in costume. Miss McCormack accompanied them on the piano. The meeting adjourned to meet again January 9, 1913, and a social half hour was enjoyed, Hannah L. Russell acting as hostess.

**New Haven.**—THE ALUMNÆ ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL held its regular monthly meeting on December 5, at the Nurses' Home, with a fair attendance. After the routine business was disposed of, the Relief Fund calendars were introduced for sale, and were heartily received. As New Haven is a nursing centre, it is anticipated that there will be a large disposal of them.

#### RHODE ISLAND

**Providence.**—BUTLER HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the afternoon of November 19, in Bay Hall, at the hospital, for a class composed of nine two year courses and thirteen three year courses nurses. Addresses were given by Nathlone Gardner and Dr. Charles V. Chapin, and the presentation of diplomas was made by Charles H. Merriman, president of the board of trustees. Mr. Merriman presided at the meeting, and alluded to the new building, the William H. Potter Home for Nurses, where a reception and tea were given after the conclusion of the exercises.

THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the George Ide Chase Home for Nurses on December 10, Inez C. Lord, president, in the chair. After a brief business meeting, Miss Lord introduced Edward D. Pearce, president of the Providence Institution for Savings and treasurer of the Rhode Island Hospital Corporation, who addressed the members on "Savings and Investments—Suggestions and Advice." Mr. Pearce gave a brief history of savings banks, and told how they are managed and what the laws which control them are in different states. He thought savings banks the safest places for nurses to put their savings and especially warned them against any investments which promise large rates of interest as being usually unsafe. His remarks were endorsed by Dr. John M. Peters, superintendent of the Rhode Island Hospital, after which the members adjourned to the parlors where a social hour followed.

#### NEW YORK

**New York.**—ST. CATHERINE'S GUILD FOR NURSES will hold a meeting on Monday, January 27, at 3 P.M., at Cathedral College, 462 Madison Avenue. The advent lectures enjoyed by this society included "Hawaii, the Garden of

the Pacific," by Rev. Thomas G. Carroll, D.D., and "Making New York City known to New Yorkers," by Rev. Vincent de Paul McGonna, chaplain of New York Fire Department. Both lectures were illustrated with slides. The Lenten course of lectures will be announced later and will include several intellectual treats.

NEW YORK NURSES should avail themselves of the privilege of attending the deliberations and discussions of the Society for Moral and Sanitary Prophylaxis which will be held on the second Thursdays of February and April. The subject for discussion at the December meeting was "Practical Eugenics," by Dr. Henry A. Cotton, Medical Director of the New Jersey State Hospital. These meetings are called for 8.30 P.M. at the Academy of Medicine.

THE CONSOLIDATED GAS CO., nurses will be interested to know, will respond to calls for its emergency ambulances, equipped with pneumometers, for the resuscitation of persons overcome by gas, etc.

THE NEW YORK HOSPITAL has received from Mr. George F. Baker the sum of about \$2,000,000 with the understanding that an affiliation with the Cornell Medical College be arranged. One of the new hospital buildings will be erected in the neighborhood of the college.

JANE M. FINNELL is retiring from her position, held so long, as superintendent of the New York City Training School for Nurses, on January 1, and is to be succeeded by Florida L. Croft. Mrs. Cadwalader Jones, president of the board of managers of the school, gave a reception for Miss Finnell and Miss Croft at her home, on December 19. Miss Croft has been assistant superintendent.

MISS BUICK, superintendent of nurses of the Bellevue Training School, was the guest of honor at a Halloween party given at Osborn Hall, October 30. One hundred and twenty-five members of the alumni association greeted Miss Buick and presented her with a handsome pendant and twenty American Beauty roses, this being the twentieth anniversary of her connection with Bellevue.

THE LEAGUE OF NURSING EDUCATION held a large meeting on December 4 at the Bellevue Nurses' Residence, 440 E. 20th Street. Miss Maxwell spoke of the progress in registration. Miss Nutting gave a most interesting report of the last International Council. In Miss Crandall's absence, Miss Stewart reported the development in the educational work for nurses carried on at Teachers College.

ST. LUKE'S ALUMNAE ASSOCIATION held its eighth annual meeting on November 12 in the Vanderbilt Pavilion. The project of establishing a pension fund for the members was abandoned and it was decided to transfer the money already given to it to the Emergency Fund in all cases where it was possible to do so. The registrar of the directory and her assistant, Miss Coads and Miss Taylor, were reappointed. The following officers were elected: president, Elizabeth Whitman; vice-president, Isabel L. Evans; recording secretary, Hilda C. Baker; corresponding secretary, Miss E. Carling, St. Luke's Hospital; treasurer, M. K. Smith. Miss Huggins, class of 1911, has resigned as assistant in the operating room to become assistant superintendent of the Allegheny Hospital, Pittsburgh. Her successor is Miss Penland, class of 1912.

NEW ROCHELLE.—THE NEW ROCHELLE HOSPITAL reports a private bridge club, composed of ladies who are members of the Women's Auxiliary and their friends, who have collected a sufficient sum to be drawn upon by any nurse of that school who may be suffering from temporary financial embarrassment, through illness, or family reverses. This is a very worthy aim, though it is always hoped that nurses will have forethought, before taking up a three years' course, to provide against any such contingency. It is, indeed, a happy circumstance.

place in which to train nurses, where their interests are so well safeguarded by the authorities.

**Gloversville.**—THE NATHAN LITTAUER HOSPITAL AND ALUMNÆ feel that they are suffering a great loss in the resignation of Ida M. Root, the superintendent, who has held her position for some years and who, in that time, has done much to keep the hospital to the highest standards and whose interest in the alumnae association has given it new life and vigor. At the November meeting of the association a tribute was paid to Miss Root's work, and again at a banquet given in her honor, at which several addresses were made. At its close a diamond ring was presented Miss Root.

**Saratoga Springs.**—THE SARATOGA HOSPITAL held graduating exercises in the auditorium of the Skidmore School of Arts on the evening of October 29 for a class of three nurses.

Winifred Rooney, of St. Albans' Hospital, St. Albans, Vt., and post-graduate of the Woman's Hospital, New York, has been appointed night supervisor of the hospital, in place of Lyda Dills who resigned to take up private nursing in East St. Louis, Ill.

**Schenectady.**—THE SCHENECTADY COUNTY NURSES' ASSOCIATION has issued an attractive year book, giving the program for the present year's work, a list of its officers, a sketch of the history of the society, and a list of its members. The officers of the club are: president, Katharine B. Whitmore; vice-president, Edith E. Atkin; recording secretary, Mable G. Gaffers; corresponding secretary, Catherine F. Lynd, 906 State Street; treasurer, Johanna Lerchner. At the meeting held on November 1, the program included reports from the delegates to the state meeting, and papers on "Observations from Hospitals and Sanatoria in Germany," by Mrs. Johanna Lerchner, and "Personal Observations of Nurse Organization in Cleveland, Ohio," by Catherine F. Lynd.

**Buffalo.**—ERIE COUNTY HOSPITAL held commencement exercises for the class of 1912 on the evening of December 8, at the hospital. Addresses were made by Dr. T. H. McKee and Rev. C. C. Russell. The pins and diplomas were presented by Dr. H. Mulford. A class poem was read by Miss Davis. A reception followed the exercises. There were seventeen graduates.

#### NEW JERSEY

THE NEW JERSEY STATE BOARD OF EXAMINERS held a meeting at the office of the Board, 221 Clinton Avenue, Newark, on December 2, when routine business was transacted, and certificates of registration were ordered issued to all applicants found eligible up to date.

EMMA J. GARDNER, who has been engaged in private nursing in Newark for some years, has accepted the position of matron of the House of the Good Shepherd at Orange, an Episcopalian home for aged men and women.

#### PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA held its tenth annual meeting in Erie, November 13-15 inclusive. There were five meetings in all, the first being on Wednesday at 1.30 P.M., and a morning and afternoon session on Thursday and Friday. Rev. Dr. Strothers Jones, rector of St. Paul's, pronounced the invocation. His Honor, Mayor Stern, made the address of welcome, to which Wilhelmina Duncan, of Pittsburgh, responded in a few very apt and graceful remarks. The president, in her annual address, urged all loyal nurses to apply for admission to the Red Cross Nursing Service,

warning them that it would be too late if they waited until a call came and then make application. She called attention to the sale of the Red Cross Christmas seal and to the calendar of the American Nurses' Association and the good to be done from the proceeds of both of these sales. Miss Giles touched on all points of interest to nurses and her address was listened to with interest and received with much applause. The minutes of the last meeting were read and accepted as read. A rising vote of thanks was given to Dr. Jones, Mayor Stern, and to Miss Duncan. The chairman of the Membership Committee reported 42 new members admitted to the Association. The question of combining the offices of secretary and treasurer came before the meeting and after some discussion in which there were many good reasons in favor of the combination, the question was put before the convention and carried. The proposed change in the Constitution and By-laws came up and it was decided to carry it over until the next meeting. Dr. William S. Higbee, president of the Pennsylvania State Board of Examiners for Registration of Nurses, made an address on Thursday. In the beginning he said "I accepted Miss Giles' invitation to visit you this morning in the hope that I would be able to bring all of the nursing alumni of the state into closer harmony to work for better training of nurses." His address was both instructive and interesting and was received with much applause.

Katharine DeWitt gave an address entitled "The Private Duty Nurse's Share in the Public Health Campaign." In closing Miss DeWitt said, "We want to make our work a part of the great world movement toward better living and better health. If we do this life will not seem half long enough to accomplish all we want to do."

Thursday afternoon was given over to a Round Table during which there were many interesting papers read and discussed on the following subjects: Superintendents, Private Nurse, Red Cross, School Nursing, Anesthesia and Tuberculosis. Having discontinued its own magazine, *THE AMERICAN JOURNAL OF NURSING* was again made the official organ of this Association. Miss Tilletson, visiting nurse in Erie, gave an outline of her work since coming to Erie some two months ago. This was followed by some discussion. There were reports by committees on cancer, infant mortality, legislation and the report of the delegate to the American Nurses' Association. It was decided to hold a semi-annual meeting in Lancaster, the date to be decided upon later. There was an automobile ride on Wednesday afternoon, after the meeting, and a reception by the Ladies of St. Vincent's Hospital Auxiliary at the Boston Store Club Rooms, Tea by the Young Ladies of Hamet Hospital at the Read House, Thursday afternoon, a visit to a Water Color Exhibit at the Art Gallery of the Public Library, Thursday night, and on Friday, at 12.30, the City Association of the Nurses of Erie gave a luncheon to the visiting nurses. All these entertainments were very much enjoyed.

Philadelphia.—THE PHILADELPHIA CLUB FOR GRADUATE NURSES gave an opening tea on December 10 at the new Club House, 1520 Arch Street. Several hundred nurses and their friends attended and were very much interested in the Club and its work. The Club is giving a dance and card party for nurses and their friends the second or last week in February at Asher's, 284 and Walnut Streets. Many of the alumni associations in Philadelphia have for years been having an annual dance for their own members, but this dance is for nurses from all hospitals,—dancing for those who wish to dance, and cards for those

who do not dance. Every Tuesday afternoon there will be at the Club some form of entertainment and "tea" for all nurses who wish to spend a pleasant hour.

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA held graduating exercises in Houston Hall on November 10. Rev. Robert Johnston gave a fine address to the class—thirty-one nurses. Congratulations, refreshments and dancing followed the presentation of diplomas. Five members of the class have accepted positions in the University of Pennsylvania Hospital. Jane English is doing school work in Edmonton, Alberta, Canada. Edmonton is a comparatively new city in the far northwest, with 80,000 inhabitants and 20 public schools. Medical inspection of schools was started in 1910. In 1912, two school nurses were appointed. Home visiting is one of the principal features of the work.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its November and December meetings at the Club House, 1800 Arch Street. At the November meeting \$10 was donated to the Philadelphia Club for Graduate Nurses. Ten members have pledged themselves to give \$1 yearly, for three years, to the Nurses' Relief Fund.

At the December meeting, the ballot for election of officers for 1913 was submitted and accepted. An interesting description of the meeting of the State Association held at Erie, in November, was given by Helen F. Greaney, the representative of the Association. A letter and report from one of the members, Anna E. Bentley, R.N., was read. It was of special interest to the Association, as Mrs. Bentley was the first to begin district nursing at Huntstown, Cumberland County. This is the first work of its kind done in this locality and has been made possible through the kindness and generosity of Mary Cameron, of Harrisburg. The alumni meetings are usually well attended.

HARRISBURG.—THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE HARRISBURG HOSPITAL held its annual meeting in the nurses' home on November 6. The following officers were elected for the coming year: president, Edith Yingst; vice-presidents, Martha Slicer, Esther Ruth; treasurer, Jessie B. Lewis; secretary, Frankford Lewis. Dr. Wm. E. Wright gave a very interesting lecture on "The Care of the Nervous Patient." The Social Committee served refreshments. On Friday evening, November 8, Mrs. J. Harry Steele, entertained in honor of Mrs. W. P. Kamble, of Mt. Carmel, Pa. These present were graduates of Harrisburg Hospital Training School for Nurses.

PITTSBURGH.—ISABEL HORACE, who has been one of the public health nurses of the city, has gone to Egypt to serve as a missionary nurse in connection with the American Mission at Tantah.

THE ALUMNAE ASSOCIATION OF MERCY HOSPITAL TRAINING SCHOOL held a meeting at the hospital on November 7. The establishment of a sick benefit fund was discussed. The next meeting will be held in January.

MERCY HOSPITAL graduated a class of eight members in October, all of whom took the state examination which was held at the hospital in November.

THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on September 2, at the hospital, when the following officers were elected: president, Lenna Mathews; vice-president, Florence McCartney; recording secretary, Mary Chatham; corresponding secretary, Ida Hanna; treasurer, Catherine J. Glover; program committee: Nettie Harsha, Marie Hanlin, Jeannette McCullough, Blanche Fisher, Isabel Chaytor. The class of 1910 of the hospital held a reunion at the Isabel Chaytor Nurses' Home, in Pittsburgh, on December 5.

ALLEGHENY GENERAL HOSPITAL TRAINING SCHOOL has as its new superin-



student, May Henderson, a graduate of Mt. Sinai Hospital, New York, succeeding Miss Muldrow, resigned. Mrs. Ruth Clarke, a graduate of the hospital, was appointed assistant superintendent, succeeding Alice Henderson.

#### MARYLAND

Baltimore.—THE HARRIET LANE HOME FOR INVALID CHILDREN IN CONNECTION WITH THE JOHNS HOPKINS HOSPITAL was formally opened on November 29. A large number of invitations were sent out to friends, both medical and lay, in Baltimore and distant cities, the response to which, indicated in emphatic terms the general interest taken in this new opportunity afforded the medical and nursing professions, to study that all-important factor in society—the child. The formal exercises were held in the Medical Amphitheatre of the general hospital, which notwithstanding its large capacity, was inadequate accommodation for the many who assembled to hear the addresses by the prominent men invited for the occasion. Mr. Blanchard Randall, vice-president of the Harriet Lane Board, and a member of the Johns Hopkins Hospital Board, conducted the exercises. Addresses were given by Dr. Holt and Dr. Jacobi, of New York City, in which the opportunities afforded by the opening of this new department and the great necessity for more intimate knowledge with the special branch in medicine to be taught there, were enlarged upon. Dr. John Howland, late of St. Louis, the newly-appointed Professor in Pediatrics and medical director of the Harriet Lane Home, discussed very briefly the work of the department and explained that the hospital was unique, in that it represented pediatrics specifically. Dr. Laurence Riggs described the nature of the bequest, and Dr. Winford H. Smith, superintendent-in-chief of the Johns Hopkins Hospital, explained the terms of the gift and the mutual arrangement of the boards, making it an integral part of the hospital corporation. Dr. William Welch enlarged upon the benefits afforded the Medical School by providing this comprehensive field for scientific study. Devotional exercises were conducted by the bishops of Maryland and Washington.

Following the addresses, the Harriet Lane Home was opened, and the guests invited to inspect it, and comments on all sides were made as to its practical simplicity and daintiness. Amy E. MacMahon, graduate of the class of 1903 and appointed the General Supervisor, conducted the out-of-town members of the board over the building and described in detail the various appliances and devices provided in the building and through the equipment for the nursing care of the sick children. Tea was served in the reading room of the hospital where Miss E. M. Lawler, principal of the training school, and Dr. Winford H. Smith, superintendent of the hospital, were waiting to dispense their hospitality.

With the opening of the Harriet Lane Home for Invalid Children, a splendid opportunity has been afforded the Johns Hopkins Training School for Nurses. Heretofore the training in the care of children has been largely dependent upon the Orthopedic Department and a small children's ward, together with occasional cases in the general wards,—but now with a special hospital, a part of the general organization, which will accommodate over one hundred children including a private and out-patient's service, with every facility for complete work,—a thorough course of instruction can be given the student nurse. Plans are also being made to offer to a limited number of students from other schools who desire to specialize in the care of infants and children, opportunity for post-graduate work, both theoretical and practical.

THE TRANSPARENT HOLMATH, in the Johns Hopkins Hospital Training School, were made universally pleasant by the presence of Miss Nutting. On Saturday

evening, at a meeting of the Terevians, Miss Nutting spoke to the students on the early history and development of the school, and told many little incidents of peculiar interest to those connected with it. She spoke of Mrs. Isabel Hampton Robb and the foundation she so firmly laid, and impressed upon the students the debt of gratitude that nurses, in every part of the country, owe her, for her wonderful foresight in planning an organization which has made the nursing profession the power that it is to-day. Miss Nutting's visit was an inspiration to every one.

THE ALUMNAE ASSOCIATION OF THE CHURCH HOME AND INFIRMARY gave on October 30 a reception in the Nurses' Home to introduce Miss Nash, the new superintendent. Invitations had been sent to members of their board of directors, staff physicians, their wives, and head nurses of the various hospitals of the city; and judging from the number present, there could have been but few absentees. The reception rooms were in gala dress and the occasion was a most delightful one. Miss Nash took charge of the Church Home and Infirmary on September 1st and this delightful opportunity of meeting both Miss Nash and her assistant, Miss Kendall, was appreciated by all present.

THE HENRIK HOSPITAL has a new nurses' home, known as the Hecht Memorial, which was opened on December 3. It is one of the most complete in the city and was the gift of Alexander Hecht.

THE SOUTH BALTIMORE EYE, EAR AND THROAT HOSPITAL is endeavoring to raise a sum of \$50,000. A recent gift of \$1000 brings the sum now in hand to \$17,500.

#### VIRGINIA

THE VIRGINIA STATE NURSES' EXAMINING BOARD will hold its semi-annual examination for the registration of graduate nurses on Thursday and Friday, January 9-10, 1913, beginning at 9 A.M., at St. Andrew's Hall, corner Cherry and Beverly Streets, Richmond. For information, telephone Madison 305, Richmond. Mary M. Fletcher, R.N., secretary.

Richmond.—SARAH E. WOOTEN, of the Montreal General Hospital, who was at one time director of nurses at the Memorial Hospital, having left on account of ill health, has returned to the hospital as instructor to the training school. Her duties are entirely confined to the classroom. Sarah B. Reller, class of 1904, has been appointed probation officer of the city.

Staunton.—THE KING'S DAUGHTERS' HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in the auditorium of the Y.M.C.A. on December 5, at 8 o'clock, six nurses receiving their diplomas. The program was as follows: invocation, Rev. R. C. Jett; opening address, Mayor H. H. Wyatt, who presented the speakers and gave a brief outline of the history and organization of the hospital, which was listened to with the keenest interest; address by Rev. A. M. France, D.D., who drew a comparison between the care of the sick since the advent of the trained nurse and that of ancient times; address by Dr. W. M. Phelps, on the nursing profession in general, his words of congratulation and advice to the graduates being much appreciated. The class valedictorian was Esther Owens. Mrs. Charles Curry, president of the board of managers, conferred the diplomas and congratulated the nurses on their successful work in training. Mary A. Smith, superintendent, presented the class pins and spoke to the nurses on their duty to the physicians, to the patient, and to themselves. There were both vocal and instrumental music. The school motto is, "Patience, Trust and Hope"; school colors, purple and white; the class flower, white carnation.

tion. The superintendent tendered a reception to the graduates and friends at the close of the exercises.

#### NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA held its fall session in Charlotte, November 27-29, at which sixteen nurses successfully passed the examinations for registered nurses. The highest honors were gained by Rosetta McL. Shannon, graduate of St. Lee's Hospital Training School, Greensboro, with an average of 96½ per cent. Second honors were won by Hattie L. McCoy, Presbyterian Hospital Training School, Charlotte. The next session of the board will be in early summer.

#### SOUTH CAROLINA

THE SOUTH CAROLINA GRADUATE NURSES' ASSOCIATION has been admitted to the State Federation of Women's Clubs. Miss M. A. Trumbull has been chosen delegate to the next meeting of the American Nurses' Association. The next annual state meeting will be held in Charleston.

#### OHIO

Dayton.—THE ASSOCIATION OF GRADUATE NURSES OF DAYTON AND VICINITY held its annual meeting in the nurses home of Miami Valley Hospital, November 19, Alvira Morgan, the president, in the chair. The attendance was good and much interest was shown, six new members being admitted. Miss Morgan gave a report of the last state meeting at Canton. Red Cross work was discussed and several nurses asked for application blanks. Meetings are held every third Tuesday of the month at 3 P.M. Officers for the year are: president, Alvira Morgan; vice-presidents, Sara Hopkins, Beaulé S. Gearhard; recording secretary, Lulu Sellers; corresponding secretary, Crete M. Zorn; treasurer, Mrs. O. D. Wolfe; councillors, Elpha Sims and Melissa Wittler. The report of the registrar was satisfactory. The Association owns and directs a new registry situated at Miami Valley Hospital.

THE TULSA GRADUATE NURSES' ASSOCIATION held its regular monthly meeting November 26, at Robinwood Hospital, where a "nurses' clinic" had been arranged by the superintendent, Mahel Morrison. The clinic was unique in that the operation (skin grafting) was performed by a nurse, Miss Morrison, assisted by Doctor Gillette, Jr. Meanwhile Doctor Gillette, Sr., gave a most interesting talk on recent methods in surgical technique, declaring that, in his opinion, the delicate touch of a woman's hand is more naturally fitted to do the fine work required in skin grafting. Another clinic case showed the results of skin grafting (from patient's own body) a complete scalp, which attended to the skill of this operation at least. Refreshments and a social hour followed. The following attractive events were arranged for by the program committee: December "Suffrage," with address by Mrs. Pauline Shinnap, president of the Lucas County Equal Suffrage League. January 23, Mary E. Gladwin, of Akron, president of the State Nurses' Association, will talk on "State Registration." In February there will be another clinic at St. Vincent's Hospital.

#### MICHIGAN

Detroit.—THE GRACE HOSPITAL ALUMNAE ASSOCIATION at its fourteenth annual meeting elected the following officers: president, Edith Jones; vice-presidents, Frances Drake, Rachel Mulharen; secretary, E. Gertrude Witham, 1349 McKinley Avenue; treasurer, Helen Humphreys; board of directors, Esther Hillock, Frances Campbell, Elizabeth McCaw.

**Calumet.**—THE COCKER COUNTY GRADUATE NURSES' ASSOCIATION was organized at a meeting held early in October at the home of Dr. and Mrs. McKinnon by twenty graduate nurses, under the leadership of Mrs. M. B. Northway, superintendent of the Calumet and Hecla Hospital. The second meeting was held on November 7, at the home of Miss North, Hancock, when ten new members were admitted. The following officers were elected: president, Mrs. Martin M. Foley, St. Mary's Hospital, Detroit; vice-presidents, Mrs. N. R. Jewett and Miss S. Johnson, Butterworth Hospital, Grand Rapids; treasurer, Mrs. J. McKinnon, University of Michigan Hospital, Ann Arbor; secretary, Miss F. McLean, Mercy Hospital, Chicago. The object of this association is to establish a registry and to elevate the professional standard of nursing, and to cultivate and cherish a feeling of good fellowship among the members.

#### WISCONSIN

**Milwaukee.**—ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its first meeting in the hospital lecture room on November 20. Plans for the future were discussed and the following were elected officers for the ensuing year: president, Anna Holt, class of 1909; vice-president, Rose French, class of 1908; secretary, Gussie H. Gehra, class of 1906; financial secretary, Katherine Murphy, class of 1909; treasurer, Nella Van Koy, class of 1909. Sister H. Regina, superintendent of the school, was elected honorary president. Meetings will be held quarterly, the third Wednesday in January, April, July and October.

#### ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES will hold an examination for registration January 23 and 24, 1913. Applications must be sent to the secretary, Mary C. Wheeler, R.N., 127 North Dearborn Street, Chicago. All applications must be in fifteen days prior to the dates set for the examination.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on November 13 in the Sherman House. Adelaide M. Walsh, R.N., was elected president, and Marie T. Phelan, R.N., treasurer. The secretary remains the same, Mrs. W. E. Bachs, 6106 Winthrop Avenue, Chicago.

**ORGANIZATION OF DISTRICT NO. 7 OF ILLINOIS.**—At a meeting, on November 20, of the available graduate nurses of District No. 7 (comprising counties Peoria, Stark, Marshall, Tazewell and Woodford), the subject of District Association Work was ably presented by Mrs. W. A. Bachs, of Chicago. The advantages of district association work to nurses, collectively and individually, being obvious, the question for immediate organization was carried unanimously. The general interest and enthusiasm manifested bespoke the deep need felt in this community for such an organization. After a reading by Mrs. Bachs, of the formulated constitution of District No. 1 of Illinois, a like constitution was adopted, differing only in the date of the meetings—the first Friday of every second month being substituted. The following officers were elected: president, May Charlesworth; vice-president, Vina Kilby; secretary, Lucy Brown; corresponding secretary, Grace Dunck, 909 West Nebraska Street, Peoria; treasurer, Mary Younggren. Topics of interest for future programs are already being enthusiastically discussed, and with the co-operation of every eligible nurse in the district, the members hope to realize the truth of the sentiment: "In union alone there is strength and advancement."

**Chicago.** THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION at its November meeting discussed State Registration. Papers were read on "Social

Service in Cook County Hospital," by Marion Fronten, "Private Duty," by Anna M. Johann, and "Visby," by Alice Veigt. Anna Fumella, class of 1894, has started, with her sister, for a trip around the world. Charlotte Johnson, who has been for a long time supervisor of the Contagious Hospital, has resigned to take charge of the Durand Hospital of the Memorial Institute for Infectious Diseases. She is succeeded by Mary Watson, class of 1902.

THE CHICAGO HOSPITAL ALUMNÆ ASSOCIATION was entertained by Mrs. William Cuthbertson, at her home, on October 30. Harriet Palmer gave a very interesting talk which was followed by music, after which luncheon was served. On November 27, the alumnae met at the home of Miss Watkins and listened to an address by Doctor Gentien.

#### INDIANA

**Pt. Wayne.**—THE PT. WAYNE LUTHERAN HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its annual meeting on the evening of December 4, at the hospital, the president, Meta Holman, in the chair. In her annual address Miss Holman encouraged the members to continue a common fellowship and cordial relations and to advance and maintain the highest standards. The following officers were elected: president, Meta Holman; vice-presidents, Anna Laumann, Lorna Dahn; secretary, Anna Holtmann, Lutheran Hospital; treasurer, Selma Fischer; executive committee: the officers named and Miss P. Huser and Mrs. A. Rathert. The association meets at the hospital once a month and has forty members.

#### NORTH DAKOTA

THE SECRETARY OF THE STATE ASSOCIATION, Emily H. Orr, is recuperating from illness at the home of her sister. Her address for the winter is Care Mrs. Arthur Mackenzie, North Portal, Saskatchewan, Canada.

#### NEBRASKA

**Lincoln.**—THE GRADUATES OF ESTHER'S HOSPITAL gave a party in honor of the birthday of their head nurse, Ethel Brockway, on November 29, and presented her with a chafing dish.

EVERETT'S HOSPITAL has, as its surgical nurse, Rosa Marway, graduate of St. Luke's Hospital, Chicago. She commenced her duties December 1.

#### COLORADO

##### STATE BOARD EXAMINATION, APRIL, 1912

##### ANATOMY. (Written)

1. (a) What is the chemical composition of bone? (b) Give name and use of outer covering of bone. (c) Tell all you know about bone marrow.
2. (a) Give name, classification and location of five bones of the human body. (b) Describe the mastoid bone.
3. (a) Describe three kinds of joints and give example of each. (b) Name the bones comprising the shoulder joint; the knee-joint.
4. (a) Name the two general classes of muscles and give examples of each. (b) How are muscles attached to bone? (c) What is a sprain?
5. (a) Name the respiratory organs and the principal respiratory muscle. (b) Describe the intercostal muscles.
6. Locate the liver; the kidneys; the spleen.
7. (a) Name the organs of circulation and give their general arrangement. (b) What is the aorta? (c) Locate the radial artery, the carotid artery.
8. Define atrophy; atrophy; decub; gastric; renal.
9. (a) What are nerves? (b) What are included in the cerebro-spinal system? (c) What do you understand by the sympathetic nervous system?
10. (a) Name the appendages of the skin. (b) Of what does the visual apparatus consist?



## PHYSIOLOGY. (Written)

1. (a) Name the organs of alimentation. (b) What juices act on the food in the mouth and the stomach? 2. (a) Name the chief divisions of the intestine. (b) Where is the vermiform appendix? 3. (a) Locate and describe the kidney. (b) How are they connected with the bladder? 4. (a) What is metabolism? (b) What produces the heat in the body? 5. (a) What are glands? (b) Name two kinds. 6. (a) What is the function of the liver? (b) What secretion is made in the liver? (c) How is the secretion of glands regulated? 7. (a) Name two membranes found in the body. (b) State their use. 8. (a) What is coeliac? (b) Where are the lymphatics found? 9. What changes take place in the blood during the circulation in the lungs? 10. Define reserve air; complementary air; residual air.

## MATERIA MEDICA. (Written)

1. What is the difference between solutions and tinctures? Which is stronger? 2. Define: Diuretic, idiosyncrasy, purgative, astringent, disinfectant. 3. What is the usual dosage of the following: tincture of digitalis; infusion of digitalis; tincture of opium; iodide of potassium; codeine. 4. If minims  $\frac{1}{2}$  grains  $\frac{1}{m}$  of a solution, how many minims would you give for a dose of grains  $\frac{1}{m}$ ? 5. What are the active ingredients in a Dover's powder? What is the best antidote for carbolic acid? 6. If the adult dose is eleven grains, how many grains would you give a ten-year-old child? 7. What is Fowler's solution? What are the symptoms of overdosing? 8. What is the popular or common name for the following: tincture of opium; camphorated tincture of opium; sodium bicarbonate; elium ricini; magnesium sulphate; sodium chloride; citric acid; hydrochloric acid? 9. How do you prepare a  $\frac{1}{m}$  bichloride solution? A five per cent. carbolic solution? A normal salt solution? 10. If you have no special orders, what medicines would you give before meals? What after meals?

## DIETETICS. (Written)

1. Define dietetic. 2. What processes are necessary to make food of use to the body? 3. Name two vegetables containing a large proportion of carbohydrates. 4. What food principles predominate in nuts? 5. Why is a salt-free diet often ordered where there is edema? 6. How are broths made? Mention two ways of removing fat from soups. 7. How sterilize water? How oxygenate the same after it is sterilized? 8. What do you understand by predigested food? By modified milk? 9. Give a good method for preparing beef juice and state what cuts of beef are best for this purpose. 10. What should be the diet of a tubercular patient in the incipient stage?

## HYGIENE. (Oral)

1. What do you understand by hygienic conditions? 2. Describe what you consider the best location for a home and also the best arrangement of the interior. 3. (a) Enumerate the symptoms resulting from lack of proper ventilation, as frequently occurs in public buildings. (b) To what are these symptoms due? 4. (a) What are communicable diseases? (b) What are the duties of a nurse towards the public in relation to such diseases? (c) Define isolation—segregation. 5. (a) Define technique. (b) What is your personal opinion of the technique of a nurse who wears her uniform about the streets? 6. Why is the study of dietetics such a valuable asset in the training of a nurse? 7. What symptoms would lead you to suspect that a child or adult was not properly nourished? 8. What general rule should be followed in the care of foods?

9. (a) If unable to secure any germicidal agent, such as carbolic or lime, how would you care for the curtains from typhoid patients? (b) How long should such care be taken? 10. (a) Have you had any training in the care of tuberculous patients? (b) Enumerate all the precautions to be taken and give reasons.

#### GENERAL NURSING. (Oral)

1. (a) State most important points in nursing tuberculous, regarding both the patient and the public. (b) What is the best method of disinfecting sputum from tuberculous? 2. (a) Where are the most frequent sites of tuberculous in children? In adults? (b) Mention some important points to remember in giving the fresh-air treatment in winter to tubercular patients. 3. State in detail how you would give an enema to a baby. 4. How would you obtain a specimen of urine from a baby? 5. (a) What is a frequent cause of cystitis? (b) How may a nurse guard against this? 6. What symptoms in a child of ten months would indicate error in diet? 7. Give nursing measures: (a) to induce urination. (b) For relief of vomiting. 8. Name five points a nurse should note in taking the pulse, and the respiration. 9. How would you irrigate an ear, an eye? 10. (a) What is the normal amount of urine voided in 24 hours? (b) How would you determine that a sick person was getting enough fresh air?

(To be continued)

#### IDAHO

THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES has met regularly every three months since its organization in 1909. It is the desire of the program committee to present one paper and one practical demonstration at each meeting. At the last meeting, which was held in the sun parlor of St. Luke's Hospital of Boise, on December 2, Elizabeth Harcourt, R.N., who has charge of nursing in the city schools of Boise, gave an interesting talk on the School of Practical Arts, Department of Nursing and Health, Teachers' College, Columbia University, with which she was connected for six years. Lela Street, R.N., read a paper on "Plaster of Paris," and gave a practical demonstration of its application. Five new members were received into the association, making a total of thirty-five. During the past year the State Association has sent a delegate to Chicago, paying travelling expenses of \$75, sent \$50 to the Isabel Hampton Robb Memorial Fund, and with the help of personal friends has sent \$25 to a disabled member of the association.

The following schedule of rates was adopted: regular rate per week, \$25; first two weeks in obstetrics, \$30 per week; for subsequent weeks, \$25; contagion, erysipelas, delirium tremens or insanity, \$35; extra days on \$25 duty, \$4 per day; extra days on \$35 duty, \$5 per day; hourly nursing, \$1 per hour; twelve-hour duty, regular rates of \$25, \$30, or \$35 per week; waiting for deferred case, \$25 per week. In case of two patients, an extra charge of \$15 per week for the second patient is made. Resident physicians and their immediate families are given half rates. All railway and stage fare, all necessary livery hire, cab fare from 12 P.M. to 6 A.M., board of nurse, and board and salary of relief nurse, when relief is necessary, are to be paid by patient.

#### WASHINGTON

Tacoma.—Pierce County Graduate Nurses' Association held its regular monthly meeting on December 2, at 8 P.M., in the Nurses' Home of the F. C. Padlock Hospital, with a good attendance. After calling the roll, minutes of

last meeting were read and approved. Treasurer's report accepted. Several of the Nurses' Calendars were sold; these beautiful calendars can be procured from the treasurer. One application for membership, and five resignations were accepted. The committee appointed to serve during the coming year are as follows: trustees, Misses Anna Delgard, Mary Mulroy, Martha Ross, Donaldena MacDonald, and Mrs. Emma B. Thomas; standing committee, Misses Mary Mulroy, Anna T. Phillips, Nellie Hunter, Martha Ross, and Mrs. H. O. Weiss; sick committee, Mrs. E. B. Cummings, Misses Delgard, Anslew, King, Roberts, Mrs. Krana, and Mrs. Kentner; courtesy committee, Misses Powell, Avery, Ingelbrethson, Davidson, Colburn, Steinbach, Hendrickson, and Juergens. It was decided that the Association should give \$10 to the Rescue Fund of the Y.W.C.A. The City Contagious Hospital was formally opened on the 14th and 15th of December, to which every one interested was cordially invited. Adjourned to meet January 8, 1913.

#### BIRTHS

On October 29, at Bedford, Pa., a son, to Mr. and Mrs. Frank Jordan. Mrs. Jordan was Laura Armstrong, class of 1903, Hahnemann Hospital, Philadelphia.

On November 12, at Oklahoma City, Okla., a daughter, to Mr. and Mrs. Fred D. Beatty. Mrs. Beatty was Cora B. Whitsett, R.N., class of 1899, Post-Graduate Hospital, Chicago.

On October 22, at Wheaton, Ill., a daughter, Esther May, to Mr. and Mrs. J. G. Brooks. Mrs. Brooks was Lillian Alden, class of 1899, Illinois Training School, Chicago.

On October 19, at Baltimore, Md., a daughter, Catherine, to Mr. and Mrs. Douglas Pistel. Mrs. Pistel was Rena MacCaig, class of 1910, Hebrew Hospital, Baltimore.

On November 19, at Lincoln, Nebraska, a daughter to Mr. and Mrs. J. D. Taylor. Mrs. Taylor was Martha McDonald, and is registrar of the Central Nurses' Directory.

On November 15, at Chicago, a son, to Dr. and Mrs. C. A. Arnold. Mrs. Arnold was Irma Sears, class of 1911, Green Gables, Lincoln, Nebraska.

On October 18, at Staunton, Va., a son, Francis, to Mr. and Mrs. Francis de Falles Dundas. Mrs. Dundas was Ellen Mitchell, class of 1906, Howard Hospital, Philadelphia.

On December 3, at Hinton Hospital, Hinton, W. Va., a daughter, to Mr. and Mrs. Charles Poore. Mrs. Poore was Mary Myers, class of 1911, Hinton Hospital.

On September 9, a daughter, to Dr. and Mrs. Doseff. Mrs. Doseff was Mamie Ham, class of 1910, Illinois Training School, Chicago.

#### MARRIAGES

On October 15, Emma R. Bashow (name difficult to decipher), class of 1905, Hahnemann Hospital, Philadelphia, to Conrad Gross.

In October, Ivy Irene Kinney, class of 1912, University of Maryland Hospital, Baltimore, to Judson Hare, M.D. Dr. and Mrs. Hare will live in Martinsburg, W. Va.

On November 27, at Syracuse, N. Y., Mary Dineen, class of 1909, Troy Hospital, Troy, to Henry T. Dervus. Mr. and Mrs. Dervus will live in Meriden, Conn.

In October, Ruth Elizabeth Perlin, class of 1911, University of Maryland Hospital, to W. J. Chipman, M.D., of Detroit.

In October, Maudie Fowble Smith, class of 1908, University of Maryland Hospital, to Thomas Cornelius, of Govanstown, Md.

On November 28, in Rochester, N. Y., Margaret Isabella Harrison, graduate of Hahnemann Hospital, to Mounsey Hodgson. Mr. and Mrs. Hodgson will live in Rochester.

MINNIE URANOWSKA, graduate of St. Luke's Hospital, New York, to John Bayard Sherben, M.D. Dr. and Mrs. Sherben will live in Hartley, Iowa.

On December 11, at Providence, R. I., Jane Hope Hagg to Walter Lovejoy.

On December 2, at the home of her father, Everett, Mass., Isabel Wilbur to Leonard Ballou Baker. Mr. and Mrs. Baker will live in Stafford Springs, Conn.

On November 19, Florence Ryan, class of 1908, Bellevue Hospital, to Henry Graupe, M.D. Dr. and Mrs. Graupe will live in Sandusky, Ohio.

On November 19, at Greenfield, Mass., Helen Sears, class of 1908, Bellevue Hospital, to Capt. Daniel V. Maynihan, U. S. A. Captain Maynihan will be stationed in the Philippines for two years.

On September 22, Olive Creshaw, class of 1908, Cotner Medical College Training School, Lincoln, Neb., to E. McVicker.

On October 26, Katharine Buck, class of 1907, Cotner Medical College Training School, Lincoln, Neb., to Rev. E. Hatfield. Mr. and Mrs. Hatfield will live in Sioux City, Iowa.

On September 9, at Fond du Lac, Wis., Ella Mast, graduate of St. Luke's Hospital, Chicago, to Henry C. Werner, M.D. Dr. and Mrs. Werner will live in Fond du Lac.

On September 18, at Sacramento, Cal., Nina Alice Ching, class of 1908, West Side Hospital, Chicago, to Livingston Crichton. Mr. and Mrs. Crichton will live in Coming, Cal.

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#### DEATHS

On October 20, Bertha Davies, class of 1908, Mercy Hospital, Pittsburgh. Miss Davies' ability and many admirable qualities made her work and life useful to many. Her death is mourned by her fellow alumnae and the Sisters of the hospital.

On November 26, at Philadelphia, Pa., Mabel Gilling Andrus, graduate of the Presbyterian Hospital Training School.

On December 5, at Allegheny General Hospital, Pittsburgh, of diphtheria, Andra Powell, a nurse in training. Although Miss Powell has been in the school only eight months, she had, by her aptness for the work and her beautiful disposition, made a place for herself in the profession of nursing that cannot be filled. Her loss will be keenly felt by all who knew her.

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## BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

**FEVER-NURSING.** By I. C. Wilson, A.M., M.D., author of "A Treatise on the Continued Fevers," and "A Handbook of Medical Diagnosis"; Visiting Physician to the Pennsylvania Hospital; Physician-in-chief to the German Hospital, Philadelphia; Emeritus of the Practice of Medicine, and of Clinical Medicine, in the Jefferson Medical College; Consulting Physician to the Rush Hospital for Consumptives and the Jewish Hospital, etc. Seventh edition. Price, \$1.00. J. B. Lippincott Company, Philadelphia.

An old and valued friend, this book still finds something new to teach; the present edition demonstrates the part played by insects in the transmission of disease. The book is so well known both to nurses in training and to those on private duty that it only requires a word to say that it is with us again and better than ever.

**HIMSELF—TALKS WITH MEN CONCERNING THEMSELVES.** By Dr. E. B. Lowry and Dr. Richard I. Lambert. Price, \$1.00. Publishers, Forbes and Company, Chicago.

Uniform with the set of books published for women and children on sexual hygiene, Dr. Lowry in collaboration with Dr. Lambert presents the same subject to the consideration of men. In the same simple and direct manner as in those other books, the anatomy, physiology, hygiene, and pathology of the male generative organs are discussed, so far as is essential for men to instruct themselves concerning matters of vital importance to themselves and their children.

**PSYCHOTHERAPY,** including the History of the Use of Mental Influence, Directly and Indirectly, in Healing, and the Principles for the Application of Energies Derived from the Mind to the Treatment of Disease. By James I. Walsh, M.D., Ph.D., Dean and Professor of Functional Diseases and of the History of Medicine at Fordham University School of Medicine, and of Physiological Psychology at the Cathedral College, New York; Fellow of New York Academy of



Medicine; Member of A.M.A., A.A.A.S., New York State Medical Society, German Society for the History of Medicine and the Physical Sciences, New Orleans Parish Medical Society, St. Louis Medical History Club, etc. Price, \$6.00. D. Appleton Company, New York and London.

This book, which is addressed to medical students rather than specialists, is written, says the author, in language "as untechnical as possible" and was meant to be such as the young physician might use to patients for suggestive purposes. For this reason perhaps, nurses will find it particularly attractive reading in spite of its ponderous bulk, and, for nurses, prohibitive price. Those who know the writings of Doctor Walsh need only to be told that the first section of the book is devoted to the history of psychotherapeutics, and begins with I-am-Hotep, physician in the reign of King Tushar of Egypt, 4000 B.C., to be assured of such entertainment as they have not known since they were regaled with fairy stories beginning "once upon a time." A nurse who has been faithfully carrying out doctors' orders for twenty-five or thirty years may perhaps feel she has been the victim of the blind leader, leading the blind, when she remembers with what fidelity she applied the flannel poultice on the minute—when she notes that this same poultice helps swell the rubbish heap of discarded treatments that Doctor Walsh seems to find no small satisfaction in building. The nurse may also be surprised to find that the improvement which she duly noted and recorded as following some of the condemned treatments is due wholly to the suggestion that went with its application. The use of drugs is not condemned. The list of drugs is cut down to a very small number and these, it is claimed, can be doubled in value by intelligently coupling with their use, psychotherapeutic influence. Like many of his books Doctor Walsh makes this one emphasize the fact that he is not making new discoveries in medicine, but merely digging up and utilizing agencies known and used in past ages and discarded and forgotten for newer and more popular treatment. Many books which advocate the use of the mind for the healing of the body insist on a certain attitude—it may be religious—which arouses antipathy and makes for the refusal of co-operation on the part of the patient or nurse or both. The eminently practical which is the keynote of Doctor Walsh's book removes this stumbling block, and the nurse who reads must appreciate how great is her power to help or retard treatment by her attitude of mind, and if she is the conscientious worker that her school vouches for, she will see to it that her influence is with, and not against, the physician. According to the author there is no field of medicine where the application of psychotherapy will not assist any other

class of treatment employed and in many it supersedes all other treatment. Certainly no book has come under the notice of the reviewer in a long time that offers more food for thought to the earnest nurse.

**ELEMENTS OF ANATOMY AND PHYSIOLOGY.** By W. Bernard Secretan. Price, 2 shillings. Second edition. The Scientific Press, 28-29 Southampton St., London.

One of the tiny morsels that come to us from time to time from the old country—so simple that the mere list of bones, blood-vessels, organs and functions would seem to be impossible to revise, since man is made on the same old pattern—but here it is in its second edition—this time with the addition of a tiny chapter on the generative organs. It seems a pity that the knowledge and literary ability that should produce this kind of book is not put to better use. No nurse, no midwife, and not even pupils in the public schools should be offered such inadequate teaching as this book conveys.

**SURGICAL INSTRUMENTS AND APPLIANCES.** By Harold Burrows, M.B. (Lond.), B.S., F.R.C.S., late assistant surgeon to the Seaman's Hospital and to the Belingbroke Hospital. Fourth Edition. Price 1/6 net. The London Scientific Press Limited, 28-29 Southampton St., Strand, London, W. C.

This little book may find its mission for those who need reminders when preparing the instruments for operation. Bearing in mind that each operator has his own list of instruments and that each one is liable to use one instrument in preference to another, the author makes a selection which bids fair to cover all requirements.

## OFFICIAL DIRECTORY

**The American Journal of Nursing Company.**—President, Jane A. Dolan, R.N., Room 341, State, War, and Navy Building, Washington, D. C. Secretary, Isabel Melnea, R.N., Room 345½, War Department, Washington, D. C.

**The American Nurses' Association.**—First Vice-President, Isabel Melnea, R.N., Room 345½, War Department, Washington, D. C. Secretary, Agnes G. Deane, 858 Brush Street, Detroit, Mich. Treasurer, Mrs. C. V. Twiss, 419 West 144th Street, New York, N. Y. Annual meeting to be held in Atlantic City, June 22-27, 1913.

**The National League for Nursing Education.**—President, Mary C. Wheeler, R.N., 187 North Dearborn Street, Chicago, Ill. Secretary, Jessie E. Cotton, Springfield Hospital, Springfield, Mass. Treasurer, Mary W. McKeehan, R.N., 430 West 118th St., New York City. Annual meeting to be held in Atlantic City, 1913.

**The National Organization for Public Health Nursing.**—President, Lillian D. Wald, R.N., 265 Henry Street, New York City. Secretary, Ella Phillips Crandall, R.N., Teachers' College, New York City.

**Army Nurse Corps, U. S. A.**—Isabel Melnea, Room 345½, War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, Lenah S. Hight, M.I.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**Isabel Hampton Robb Memorial Committee.**—Chairman, Isabel Melnea, Room 345½, War Department, Washington, D. C. Treasurer, Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.

**Nurses' Relief Fund Committee.**—Chairman, L. A. O'Brien, R.N., 394 Street and Fowles Avenue, Philadelphia, Pa. Treasurer, M. Louise Twiss, R.N., 419 West 144th Street, New York City.

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